90

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14508 CERTIFICATE OF DEATH 14473

1. PLACE OF DEATH	I					f institution: Residence before edmission)
200			MARYLAND	e. STATE	b. COL	
b. CITY OR TOWN (ashington if outside corporete limits i give neerest town)	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	iryland If outside corporete limits, wr	Washington ite RURAL end give neerest town)
Life			Life	Hono	ock Marylar	d
	TAL OR INSTITUTION (I	not in hospi		d. STREET ADDRESS	von mary rar	e. IS RESIDENCE ON A FARM?
Hancock	Rest Hom	0				YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE Mon	nth Dey Year
(Type or print)	Mar	V	Violet	Adams	DEATH	2 25 19 67
5. SEX			NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In yeer lest birthdey)	rs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
F	W	WIDOWED	DIVORCED	5.12.1876	85 yrs.	Months Deys Hours Min.
	ION (Give kind of work orking life, even if retired		D OF BUSINESS OR INDUST		nty & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
Housewif				Hancock	Maryland	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN		7.0.1
Tohm	Adama			Chand	atten Dames	
	Adams ER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.1 17.	INFORMANT	stine Dawso	iss ·
	fyes give wer or detes of se	rvice)	Wana	C	All Transacts	wa
No	EATH [Enter only one		None	Gerald Smi	th Hancock	I INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Aal	einschmit	to Heart	Pisene	ONGET AND DEATH
420.1	DUE TO	0.	1 1	-	0	0
Condition if any	,	110.	· · · · · ·	arlerino	leresia	30 mas
Conditions, if eny	(10)_	الاحد	erapeo	000000		0
(e), steling the u	DIJE TO					
ceuse lest.) (c)_					
PART II. OTHER	R SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CONDITION G	PERFORMED?
O ACCIDENT W	AS UNDERLYING []	20h DECC	RIBE HOW INJURY OCCURE	D (Feter neture of injury in	Part Lor Part II of item 18)	TIS [] NO Z
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ZUB. DESC	KIDE HOW INJUNT OCCURE	D. (Enter notate of infatty in	Tell for fell a or hell for,	
20c. TIME OF INJU	JRY Month, Dey, Yee		,	ACE OF INJURY (Home, far ctory, street, office bldg., etc	m, 20f. (City or town)	(County) (State)
Hour e.m.	19	While et work	Not While 1e	ciory, sileer, office blog., an	.,	
	hat (I) (this bosnit	al) attend	ed the deceased from	5-21-61	10 10 12-25	1961, that (I) (6) las
	h/	2/	10/0/ 1 44-	t double accounted with	a fee	s and on the date stated above
saw the deceas	sed alive on		19, and the	ar death occured away		22b. DATE
220. SIGNATURE	tomes	111/	71.2.		MED. STAFF DIRECTOR PHYS.	12-26-67
22c. PHYSICIAN'S	110000		MA	22d. ADDRESS	111000	MI
NAME TO	THOMAS	111	M.D.	17/	the och	1/10-
23e. BURIAL, CREMAT REMOVAL (Specify	ION, 236. DATE THER	EOF	23c. NAME OF CEMETERY	OR GRAMMANNY	23d. LOCATION (City,	town or county) (State)
Burial	12.27	.61	Presbyter	lan	Hancock W	ashington Md.
24 FUNERAL DIRECTO			ADDRESS		CUD BY DECUCEDAD OF F	REGISTRAR'S SIGNATURE
Howara	Of He	me	Homese	a mel DATE	EC 2 8 '61 256.	Avenue A. Tomas
1						

20 Head military on a Lynn Pageock deep land 7. eman to folk 25 week 5,12,1876 Lara ferror Mocordi. 0.5 monwall amidalumi None of Develor of Line of Early Harriston Harriston puters to to form of the con and the land of the second Flitzerrand Ill S. 128-28-53 HAKE ECT 17th FIRE THOMAS IT 19:10 . In code with a coord painstries Id. 79.51 Latro Housel of seems thereone his

DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceasad lived, If institution: Rasidanca bafora admission) a. COUNTY b. COUNTY Maruland the d 2 MARYLAND and b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) þ writa RURAL and give nearest town) Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NAME OF First Middle 4. DATE Month DECEASED DEATH (Type or print) Shelby Samuel Adams Dec. 8. DATE OF BIRTH 5. SEX 6. COLOR OR 7. MARRIED NEVER MARRIED last birthday) Male. WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if ratirad) Beaver Creek, Md. any tarmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ending plea Martin VanBuren Adams Isabelle Landis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyas giva war or datas of servica) Mrs. Mory E. Adams R # 1 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) is relevate than I. DUE TO Conditions, if any, which (b) gava risa to immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) factory, straat, offica bldg., atc.) Whila Not Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from (Och 13 ..., 1961, to Rec. 9 ..., 1967, that (I) (we) last 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S death, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) dir. Beaver Creek Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** Rest Haven Funeral Chapel Hagerstown, Md.

C. Storot

a. IS RESIDENCE ON A FARM? YES X NO Yaar 1961 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? Hagerstown, Md. INTERVAL BETWEEN PERFORMED? NO Z

DATE DEC 1 3 '61

RYLAND STATE DEPARTMENT OF HEALTH

Washington

(County)

Outling & Knows

(Stete)

22b. DATE

SIGNED

15M 9/60

Sensor Se Street and the transfer that 在第二人,一直有多。 1000年 The state of the s TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

4 may be retained by the hospital or attending physician.

7 D FU CARAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral edirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should edirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should so the filed with the State Dept. of Health prior to burial, cremation, or removal, and in fany event, within 72 hours after death. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14510 14575

1. PLACE OF DEATH					X/U
a. COUNTY			NCE (Where deceased		sidence before edmission
Washington	MARYLAND	e. STATE Ma:	ryland	b. COUNTY Was	hington
b. CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete li	mits, write RURAL end	give neerest town)
write RURAL end give neerest town) Hagers town	4 days	Rural	Hagerstown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRES			. IS RESIDENCE
Washington Co. Hospital					YES NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE OF	Month	Day Yeer
(Type or print) Arthur		lexander	DEATH	Dec. 5	1961
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	. DATE OF BIRTH		(In years IF UNDER 1 Y	
Male White WIDOW	ED DIVORCED]	Feb. 17, 18	97 64	yrs.	eys Hours Min.
done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, or foreign		EN OF WHAT COUNTRY
Supervisor Ame	rican Stores	Washingto	on Co., Md.		J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
William E. Alexander		Nola I	larbaugh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	
Yes, no, or unkown) ((Ifyes give war or dates of service) WWT	Mana	. Arthur C.	Alexender	Hagana	town #6, Md.
1B. CAUSE OF DEATH [Enter only one ceuse per		AI Und O	, wrowningr	nagera	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1	0	1		ONSET AND DEATH
IMMEDIATE CAUSE (0)	cerebral	nemo	ruhage		3 days
3311					
DUE TO			,		9
Conditions, if eny, which (b)	San		- WER W		9
Conditions, if eny, which geve rise to immediate ceuse					9
Conditions, if eny, which gove rise to immediate couse (e), steting the underlying					9
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. (c)	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER.	WINAL DISEASE CONDI	TION GIVEN IN PART	I(e) 19. WAS AUTOPSY
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. (c)	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER.	MINAL DISEASE CONDI	TION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \)
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO				PERFORMED?
Conditions, if eny, which geve rise to immediate ceuse (e), steting fhe underlying ceuse lesf. PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury	in Pert I or Pert II of ites	m 1B.)	YES NO
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA In Not While feel	. (Enter neture of injury	in Pert I or Pert II of ites	m 1B.)	YES NO
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COIL CONTRIBUTING CONTRIBUTION CONTRIBUT	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA le Not While fect rk et work	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or lov	m 18.) vn) (Coun	YES NO Y
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI 20e. ACCIDENT WAS UNDERLYING 20b. DESTOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 et wo 21. I certify that (I) (this hospital) atterprise to immediate the contribution of the contributio	INJURY OCCURRED 200. PLA feel work detection of the deceased from.	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or lovelet.)	m 18.) vn) (Coun	YES NO (State)
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COIL CONTRIBUTING CONTRIBUTION CONTRIBUT	INJURY OCCURRED 200. PLA feel work detection of the deceased from.	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or lovelet.)	m 18.) vn) (Coun	YES NO
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI 20e. ACCIDENT WAS UNDERLYING 20b. DESTOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 et wo 21. I certify that (I) (this hospital) atterprise to immediate the contribution of the contributio	INJURY OCCURRED 200. PLA feel work detection of the deceased from.	CE OF INJURY (Home, fory, street, office bldg., death occured at	arm, 20f. (City or lovele.) , 19, to	vn) (Coun	YES NO (State) No (State) No (State) No (State)
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 et wo 21. I certify that (I) (this hospital) after saw the deceased alive on	INJURY OCCURRED 200. PLA feel work and the deceased from	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or lovele.) , 19, to	vn) (Coun , 14, 196 causes and on the	YES NO (State) No (State) No (State) No (State)
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COID CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While two control of the control o	INJURY OCCURRED 200. PLA feel work and the deceased from	CE OF INJURY (Home, fory, street, office bldg., death occured at. D. ATTENDING PHYS. 22d. ADDRESS	20f. (City or low let.) , 19, to	(Coun	YES NO
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 Whill et wo 21. I certify that (I) (this hospital) attersaw the deceased alive on	INJURY OCCURRED 200. PLA feel work and the deceased from	CE OF INJURY (Home, fory, street, office bldg., death occured at. D. ATTENDING PHYS. 22d. ADDRESS	arm, 20f. (City or low stc.) , 19, to	vn) (Coun , 14, 196 causes and on the	YES NO
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS COI 20e. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer White two with the deceased alive on white saw the deceased aliv	INJURY OCCURRED 200. PLA feel work and the deceased from	death occured at ATTENDING PHYS. 22d. ADDRESS	arm, 20f. (City or lovele.) 19, to	(Coun	PERFORMED? YES NO (State) Ity) (State)
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COLOR 20e. ACCIDENT WAS UNDERLYING 20b. DESTOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer White two 20c. Time of Injury Month, Dey, Yeer 20d. White saw the deceased alive on	INJURY OCCURRED INJURY OCCURRED Index of work Index of cemetery Index of cemetery Index of cemetery	death occured at ATTENDING PHYS. 22d. ADDRESS	20f. (City or towner) 19, to	causes and on the	YES NO
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COID CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19 19 et wo 21. I certify that (I) (this hospital) atters saw the deceased alive on	INJURY OCCURRED INJURY OCCURRED INDURY	death occured at. ATTENDING PHYS. 22d. ADDRESS 13 G N OR CREMATORY	20f. (City or low old.) 19, to	causes and on the City, lown or county, in Co., Per	PERFORMED? YES NO
Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COLOR CONTRIBUTING CAUSE OF DEATH (IF EITER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer White Color Contributions Color Contributions Color Contributions Color Contributions Color Contributions Color	INJURY OCCURRED INJURY OCCURRED Index of work Index of cemetery Index of cemetery Index of cemetery	death occured at. ATTENDING PHYS. 13 6 N OR CREMATORY	20f. (City or low stc.) 19, to	causes and on the City, lown or county, in Co., Per	PERFORMED? YES NO

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William E. Aleventor . S. Hellfill

Archer G. Alexander Dec.

Male

17, 1224

Burgarison Acomican Stands Wathington Co., Md.

Mrs. . rejus d. adoranter

Speaker a wint land troops

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Franklin Co., Rener.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14511 CERTIFICATE OF DEATH

9					
	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Re	sidence before edmission		
	Washington MARYLAND	e. STATE b. COUNTY Washing	ton		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end			
	Hagerstown 18 hrs.	X Smithsburg Rt. #2			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM		
3.	Washington County Hospital	Rt. #2	Day Year		
	DECEASED (Type or print) Clarence Lee	Bachtell Dec.	1, 1961		
5.		8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y			
	Male white widowed DIVORCED	Oct. 12, 1932 29 yrs. Months D	eys Hours Min.		
1De do	p. USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired)		EN OF WHAT COUNTRY		
13.	laborer same	Washington Co., Md. U.	S.A.		
	Arthur H. Bachtell	Lelia M. Moser			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.				
(10	(lfyesgivewerordetesofservice) Ves 3/17/53 -5/7/58 218 30 8962	Hognital Chart			
	Yes 13/11/53 -5/1/58 218 30 8962 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Hospital Chart	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive	II	ONSET AND DEATH		
ı	2 days several				
DUE TO					
	Conditions, freny, which geve rise to immediate ceuse		years		
	(e), sleting the underlying DUE TO		several		
	couso lost. (c) Rheumatic Heart Di		years		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T	PERFORMED? YES X NO		
CERTIFIC	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)			
MEDICAL		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(Stete)		
2		Nov. 30. 1961 to Dec. 1. 196	7. that (1) (was) Is		
2	21. I certify that (I) (this hospital) attended the deceased from.		ma) 11101 (1) (4)6) 10		
2	21. I certify that (I) (this hospital) attended the deceased from				
×	saw the deceased alive onDec,1961, and tha	it death occured at.12:50 from the causes and on th	e date stated abov		
×	saw the deceased alive onDec1961, and tha 22e. SIGNATURE		e date stated abov		
×	saw the deceased alive onDec., 1,1961, and tha 22e. SIGNATURE 22c. PHYSICIAN'S	it death occured at.12:50 from the causes and on th	e date stated abov		
×	saw the deceased alive onDec., 1,1961, and tha 22e. SIGNATURE	ATTENDING MED. STAFF PHYS. 22d. ADDRESS	e date stated above 22b. DATE SIGNE		
	saw the deceased alive onDec, 1,1961, and tha 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Ed son B. Moody, M. S.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 145 S. Prospect St., Hager	e date stated abov 22b. DATE SIGNE		
	saw the deceased alive onDec	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECT	e date stated abov 22b. DATE SIGNE Stown, Md.		
236	saw the deceased alive onDec.,	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. C22d. ADDRESS 145 S. Prospect St., Hager OR CREMATORY 23d. LOCATION (City, fown or county) Washington Co.,	stown, Md. (Siele)		
236	saw the deceased alive onDec	ATTENDING ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS L45 S. Prospect St., Hager OR CREMATORY 23d. LOCATION (City, town or county) Washington Co., 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	stown, Md. (Stete) Md. GNATURE		

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January Co., Ma.

/ Mernesboro, Penna.

FOR STATE TO DIVINITY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please, execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the indirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bours after death.

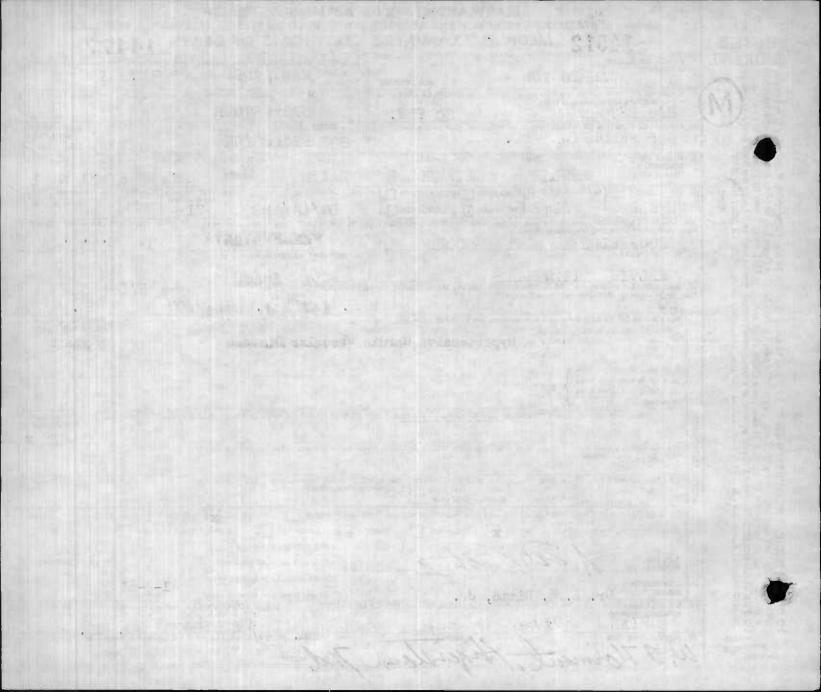
> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14512 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 144'77

	. COUNTY WASHINGTON	MARYLAND	e. STATE MARY		b. COUNTY WAS	HING TUN			
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete	limits, write RURAL end	give neerest town)			
J	HAGLRSTOWN	30 YRS.	03 HAGE	RSTOWN					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos 805 FREDERICK ST.	pitel, give street eddress)	d. STREET ADDRESS 805 F'RED	ERICK		e. IS RESIDENCE ON A FARMZ, YES NO			
	3. NAME OF STATE First	Middle	Last	4. DATE	Month	Dey Yeer			
	(Type or print) BEULAH	KITZMILLER	BAKER	OF DEATH	DECEMBER	31 19 61			
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGI	(In years IF UNDER 1				
	FEMALE WHITE WIDOWE	40	300/30 11/10	890 7	Months	Deys Hours Min.			
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSENTFE	HOME		YLVANIA		ZEN OF WHAT COUNTRY? U.S.A.			
4	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
	MELVIN KITZMILLER		TT.T.A A	DAMS					
	The state of the s	SOCIAL SECURITY NO. 17. I	NFORMANT	DENIS	Address HAG	ITSTOWN			
-		NONE M	RS. MAMIE	J. ANDEI	RSON	MD.			
	18. CAUSE OF DEATH Enter only one cause per I	ine for (e), (b), end (c).]			10021	I INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Hype	rtensive Cardi	Vaccular D	igongo		ONSET AND DEATH			
	DUE TO	A COLIDA A COLUMN	-ascular D.	*36636		5 years			
1	Conditions, if eny, which (b)								
1	geve rise to immediate cause (e), stating the underlying DUE TO								
	cause lest. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED?			
		BE HOW INJURY OCCURED. (E	nter neture of Injury in Pert	t I or Pert II of item 1	8.)				
ı			CE OF INJURY (Home, farm		wn) (Cour	nty) (State)			
I	Hour e.m. While		ory, street, office bldg., etc.	1					
	21. I certify that I took charge of the rem	ains described above, hel	d an Autopsy .	Inspection ,	Inquiry ,	and in my opinion			
	death resulted from: Natural causes x.	Accident , Suici	de . Homicide	, Undeter	mined manner				
	150 5		CHIEF MEDICAL E	EXAMINER [
1	ACTUAL SIGNATURE	10	M.D. ASSISTANT MEDI	ICAL EXAMINER		DATE SIGNED			
	EXAMINER'S		DEPUTY MEDICAL	EXAMINER TO	3 0 (0				
	NAME (Type) Dr. E. W. Ditto.	Jr.	Address (Street, c	city, town, or county	1-2-62				
	22e, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	City, town, or country)	(Stete)			
	BURIAL 1/3/62	BLAVIE CD	ELE CITA	WASHI		MD.			
	23. FUNERAL DIRECTOR	ADDRESS			24b. REGISTRAR'S SI				
	W. J. Morment 1	sperflour	MANDATELAN	4 4 '62	arihun S. 1	Tima			
		1	1						



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	MARYLAND	STATE	DEP	ART	MENT	OF	HE.
e.	I BECKA DOLL AND	-					

ALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14478 14513

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence	ce before admission)
	Washinaton MARYLAND	e. STATE Maryland b. COUNTY Washi	uctou
/ -	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give i	2
	write RURAL and give neerest town) Ragerstown 10 yrs	03 Hagerstown	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE
	Garlock Memorial Conv. Hospital	715 Potomac Ave.	ON A FARM?
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Dey	Yaar
1	(Type or print) Anthony Wayne	Beatty December 2	6 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR last birthdey) Months Devs	IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	Jebruary 12, 1883 78 yrs.	Hours Min.
10 d	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	F WHAT COUNTRY?
	Conductor Railroad	Millerstown, Penna. USA	
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Joseph S. Beatty	Mary L. (Last name unknown)	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (as, no, or unknown) (Ifyesgive war or detes of sarvice)	INFORMANT Address	
	No 716-10-5500 Mis	is Floretta Brown 5 Maple Ave. Hager	stown. Md.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	il A	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteris clarific	Heart Males e	2 410
	720 DUETO 1		1
		(misso.	Syrs.
	geve rise to immediate cause (a), stating the underlying DUE TO		2 ,
	ceuse lest. (c) (Incuia Sea	ndon	3 ges.
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1	9. WAS AUTOPSY
ATI			PERFORMED?
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED), (Enter neture of injury in Pert I or Part II of item 18.)	
GE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County)	(Stete)
MEDICAL	Hour a.m. While Not While fect	lory, street, office bldg., etc.)	
2	2	March 137 10 Hes 26 106/	
	21. I certify that (I) (this hospital) attended the deceased from.	(A. T.	hat (I) (we) last
	saw the degeased alive on	death occured at M, from the causes and on the da	
	220. SGNATURE	ATTENDING MED. STAFF	22b. DATE
		DIRECTOR PHYS.	10/16/
	PHYSICIAN'S NAME (Type)		1.1
	Philip J. Mirshman M.D.	159 W. Washington St. Hagerstown,	
23	REMOVAL (Specify) 12/20/64 23c. NAME OF CEMETERY		(Stete)
	Durial 12/28/01 Rest Maven		Mdo
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	
	Rest Haven Juneral Chapel Ragerstown	2, Md. DATPEC 2 9 '61 Callen & thous	•
	When. C. Horst		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. To FUNEXIAL DIRECTOR: After this certificate has been signed by the attending physician and complete edin by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14514 CERTIFICATE OF DEATH

14479

	PLACE OF DEAT	н			2. USUAL RESIDEN	CE (Where decesse	d lived, If Institution	on: Residence	before edmission)
	. COUNTY	77 1 2		1	a. STATE		b. COUNTY		
-		Washingt		MARYLAND	Md.			shingt	
1		if outside corporete lim d give neerast town)	ils,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN ((If outside corporete	limits, write RURAL	Land give ne	erest town)
_	Ca	scade		Life	C:	ascade			10 0000000000
(. NAME OF HOSPI	TAL OR INSTITUTION	if not in hos	pital, give street address)	d. STREET AOORESS				e. IS RESIDENCE ON A FARM?
									YES NO
3.	NAME OF	First		Middle	Last	4. DATE	Month	Dey	Yeer
	DECEASED (Typa or print)	V			1277.550	OF DEATH	Dec.	19	19 60 1
5.	SEX	6. COLOR OR RACE	Y	E. Nichols	Benchoff DATE OF BIRTH	19 AG	E (In years IF UNI	DER 1 YEAR	F UNDER 24 HRS.
	Female	White	WIDOWE	- I TETER MITTAGES	3/22/1881	las	birthdey) Month		Hours Min.
-		TON (Give kind of world	1	IND OF BUSINESS OR INDUSTR				CITIZEN OF	WHAT COUNTRY?
		orking life, aven if ratire		O. DOSINESS OK INDOSIK	II. DIKITITEACE (COU	iny a siere, or lorer	gir country)		
			Hous	se Duties	Cascade 1	Md.		U.S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
5	Wil	liam A. Nic	hols		Susan Roy	ver			
15.	WAS DECEASED EV	ER IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
(Ya		lfyesgiva war or dates of:	service)	***	771 . 37 70	1 . 00 0			
-	No.	NAME OF A STREET		W:	illiam N. Bei	nchoii, G	ascade Mo	1.	RVAL BETWEEN
			e ceuse per l	ine for (e), (b), end (c).]					ET AND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	CAL	DIAC ARR	esT			1	hour
	1100								
	422	OUE TO			/ A			6 .	
	Conditions, if any	y, which) (b)	ARTE	airs lenotic	LARDIO- U	ASUNLAR	1213647	ie 13	Years
	geve rise to immed	DIJE TO							
	(a), stating the u	inderlying		LD AGE					
) (c)				NIAL DISEASE CON	DITION OUTS IN I	A D.T. 16 3 10	WAS AUTORSY
ŏ	PART II. OTHE	R SIGNIFICANT CONDI	IIIONS CON	TRIBUTING TO DEATH BUT NO	I KETATED TO THE TERMI	INAL DISEASE CON	DITION GIVEN IN I	PAKI I(e) IV.	PERFORMED?
F								YE	S NO T
[윤]	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURED	(Enter neture of injury in	Part I or Pert II of it	em 18.)		
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER	7-10						
MEDICAL	20c. TIME OF INJU	JRY Month, Cay, Ya	er 20d.		CE OF INJURY (Home, fer		own)	(County)	(Stete)
ĕ	Hour e.m.		While	1401 1111110	ory, street, office bldg., etc	c.)			
X	p.m.	19	at wor	L					
	21. I certify	that (I) (this hospi	ital) atten	ded the deceased from	Oct.	19.5 6 to D	PC 19	196.1. th	at (I) (we) last
	. the deer	and aline on T	200 1	5 19 6 1., and that	double assumed als	30 A 1000 the	course and	on the dat	a stated above
		sed alive on)		dealth occured and	/11, 110111 1110	causes and c	on me dai	
	228. SIGNATURE	, 1			ATTENDING	MED. S	TAFF		22b. DATE SIGNED
	170.0	1. 1	Lev /				HYS.	19	6) 8, 61
	22c. PHYSICIAN'S	14	1	4	22d. ADDRESS	A .	^	0	2
	NAME (Type	Robert A.	Keif	er	Blue	Midia	of ringer	1, 8	a ·
23e	BURIAL, CREMAT	ION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or c	ounty)	(Stata)
	Burial	12/21/	61	Fairfield		Fairfi	eld Adam	ng Co	Po
240	NERAL DIRECTO			ADDRESS	25e. RE	C'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATE	RE
1	VALL !	1/1/1-	-						
1	ulli 7	1 111009	1,	Waynesboro, P	DAGEC	2 6 '61	aulus &	, MANAGE	

71511 no har in all e in saud Tions aleast . 3 - 4 - 4 - 4 femile Tilte xeek xeek 3/20/1501 Louis Dated Caroni ofedeil .. in its is . Maltin M. Depoter . Dercete Mr. The state of the s Control of the second of the s Harris Carroll Control the property of the same of rollied Astrojon TATE OF THE PROPERTY OF THE PR All Control of the Co

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	O FULL IN DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral	director, page 3 should be defached for use as the burial-transit permit. Then <u>plasse</u> remove carbon paper, rages I and 2-should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in my event, within 72 hours after deather
	ian and complet	ve carbon pape	event, within 72
	attending physici	hen please remo	al, and in any e
ng physician.	signed by the a	ransit permit. T	nation, or remov
death. se 4 may be retained by the hospital or attending physician.	tificate has been	se as the burial-t	or to burial, cren
ained by the ho.	R: After this cer	detached for us	ot, of Health pric
e 4 may be ret	AL DIRECTO	age 3 should be	th the State Dep
death.	O FUL	director, pa	be filed wi

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1.1.2.0 14480

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE	E (Where deceased lived, If I b. COUN		ance bafora a	dmission)
WASHI		MARYLAND	MARYLANI)	WASH	IINGTON	
b. CITY OR TOWN (i write RURAL and	foutsida corporata limits, giva nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outsida corporata limits, writa	RURAL and glv	re naarast low	n)
HAGERST		3 WEEKS	US HACERSTON	N .			
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in	n hospital, give street address)	d. STREET ADDRESS				SIDENCE A FARM?
WASHINGTON	COUNTY HOSPI	TAL .	619 POTOMAC	CAVENUE		YES 🗌	NOT
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Da	y Year	
(Typa or print)	MARY	EYERLY	BOND	DECEMBE DECEMBE	er 1	2 19	61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)			
FEMALE	WHITE WIDE	OWED DIVORCED N	NOVEMBER 10 1	L879 82 yrs.	Months Days	s Hours	Min.
10e. USUAL OCCUPATI	ON (Giva kind of work king life, evan If ratirad)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN	OF WHAT C	OUNTRY?
ASSIT TEA R		DEP'T STORE	WASHINGTON		U.S.	Α	
	RT J EYERLY		SUSAN 1				
	R IN U.S. ARMED FORCES? yasgivewarordatasofservice)	16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Address			
NO			EULAH K EYERLY	619 POTOMAC		GERSTO	WN MI
	EATH [Enter only one cause	par lina for (a), (b), and (c).]				INTERVAL BET	
	MINEDIATE CAOSE (0)	Chremia-				Wout	1 mo
181.0	DUE TO	Carcinoma of Courtral obots	sladoler w	He Gilatemi			
Conditions, if any	, which) (b)	unteral obots	rection + k	y chomes hor	is !	llu ku	vere
gava risa to immadi (a), stating tha us	DIE TO			,			
causa fast.	(c)						
PART II. OTHER	17	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	al disease condition givi	EN IN PART 1(a)	PERFO	UTOPSY RMED?
PART II. OTHER OF CONTRIBUTING OR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING [20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED). (Entar natura of injury in Pa	art t or Part II of itam 18.)			
20c. TIME OF INJU Hour a.m.			CE OF INJURY (Homa, farm, fory, straat, office bldg., etc.)	20f. (City or town)	(County)		(State)
21. I certify t	hat (I) (this hospital) a	ttended the deceased from.	5-17,1	960, 10 12	-12, 1960	, that (I) (we) last
saw the deceas	ed alive on	12-17-19-61, and that	death occured atc	M, from the causes	and on the		
22a. SIGNATURE	The Staton	a Canes M		ED. STAFF		12:12:	SIGNED
22c. PHYSICIAN'S			22d. ADDRESS				
NAME (Type)	JOHN H HORNBA	KER M D	154 W. WASI	HINGTON ST HAC	ERSTOWN	MARYL	AND
23a. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, lov	vn or county)	(5)	tata)
BUR TAL	12/15/61	ROSE HILL CEM	ETERY	HAGERSTOWN N	LARYLANI)	
24 PUNERATORIRECTOR	GIPER FUNERAL	HOME ADDRESS		D BY REGISTRAR 256. REC	GISTRAR'S SIGN	NATURE	
Killes	m Kanzer	HAGERSTOWN P	MARYT AND DADEC	27'61 Call	wo S. Tha	ua	
-							

TO THE WAR THE THE PARTY OF THE 619 STREME CAV SHIPS e de l'adit ai ambreven DOD PURE TEMPORAL AND THE THE TANK OF THE PERSON OF THE THE THE SECOND HARDESTONE HARDESTONE TO SECOND THE SECO

TO HOPPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death to any be retained by the hospital or attending physician.

TO FUNCERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the signed by the attending physician and complete the search of the form of the signed by the attending physician and complete the signed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15 (4) 15M 7/61

DR. STER

	DIVISION OF STATIST	MAR'	YLAND STATE D ARCH AND RECORD	EPARTMENT S. 301 W. PRES	OF HEALTH	I BALTIMORE 1, A	AARYLAND
	14516		CERTIFICAT	TE OF DEA		14	481
	ACE OF DEATH)			NCE (Where decease		esidence before edmission)
	WASHINGTON		MARYLAND	6. STATE	LAND.	b. COUNTY WASHII	VCTCN
b.	CITY OR TOWN (if outside corporate write RURAL end give nearest town)	limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete	limits, write RURAL and	give neerest town)
	HAGERSTOWN		3 HOUKS	X	RURAL	,	
o.	NAME OF HOSPITAL OR INSTITUTIO	ON (IT NOT IN NOSE	Hial, give street eddress)	d. STREET ADDRES	5		a. IS RESIDENCE ON A FARM?
3. N	WASH, Co. 1	+OSPIT	A C Middle	KEIEDY:	SVILLE /	MD. K.I	Day Yaer
	Peceased (Pee or print)	10.141		2 2	OF DEATH 1	A 5 4 5 5 5	10 10 1
5. SE	X 6. COLOR OR RA	ACE 7. MARRIEL	NEVER MARRIED NE	DOND DATE OF BIRTH	9. AG	CEMBEIZ . E (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
^	AALE WHIT	WIDOWER		ECEMISEIL	19.1061 last	birthday) Months [Pays Hours Min.
10a. I	USUAL OCCUPATION (Give kind of during most of working life, even if re	work 10h KI	ND OF BUSINESS OR INDUSTR		unty & Stete, or foreig	in country) 12. CITI	ZEN OF WHAT COUNTRY?
	NONE ATHER'S NAME	-		HACERST	OWN WAS	H. Co. 1419.	U.S.A
		- 0					
15. W	AS DECEASED EVER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT NFORMANT	Y L. K	Address Address	
(Tas, i	no, or unkown) (If yes give we rordate:		VONE TR	ANKLIN T.	BOND 1	KEEDYSVII	I.SLOM 31
18	B. CAUSE OF DEATH Enter only	one cause per li	ne for (e), (b), end (c).]	tracella 11	DOMP 1	IL L D y S VI	I INTERVAL RETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Y: (e)	Acute hydroc	ephalus			ONSET AND DEATH 3 Hrs.
	OIOX DUE	TO					
	onditions, if eny, which ave rise to immediate cause	(b)					
(a	a), stating the underlying DUE	10					
-	PART II. OTHER SIGNIFICANT CO	(c)NDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CONT	NTION GIVEN IN PART	I(a) 19. WAS AUTOPSY
GERTIFICATION				THE PERIOD OF THE PERIOD	mine ordering corte	MIGH GIVEN HVIVAN	PERFORMED?
DE 20	. ACCIDENT WAS UNDERLYING	☐ 20b. DESC	CRIBE HOW INJURY OCCURED	(Enter neture of injury i	n Pert I or Part II of ite	m 18.)	I IS I NO M
CER 41)	R CONTRIBUTING [] CAUSE OF DEA EITHER, NOTIFY MEDICAL EXAMIN	TH VER)					
MEDICAL	Oc. TIME OF INJURY Month, Dey			CE OF INJURY (Home, fe		wn) (Coun	ty) (State)
WED	Hour e.m.	9 While		ory, street, office bldg., e	1		
21	. I certify that (I) (this ho	spital) attend	led the deceased from	at birth	19, to	, 19	, that (I) (we) last
sa		12/19/0	61 18 and that	death occured at.	M, from the	causes and on th	ne date stated above.
2:	20. SIGNATURE		X	ATTENDING	MED ST	AFF _	22b. DATE
22	2c. PHYSICIAN'S	MI	W / M.	D. PHYS. 22d. ADDRESS	DIRECTOR PH	IYS. L	2/20/61
- 1	NAME (Type) W. H	. Sheal	ly M. D.		arpsburg	, Md.	
	BURIAL, CREMATION, 235. DATE 1		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	Y (City, town or county) (Steta)
7	WOVAL (Specify) DEC 2	0.1961	MT. ZION CE	METERY	Locust	GROVE WASH	. CO.MD.
	INERAL DIRECTOR'S SIGNATURE	2	ADDRESS		ECO BY, REGISTRAR	256. REGISTRARIS	IGNATURE
	Jahn W. Bust	120	onsizoro /	DATE	I had her		
-	1 2 0 1 3 0 7 X V 3						Mr. Sylvania

DECEMBER OF THE SALE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR None Comment Bond See Cyanese Mill . T. studostene THE PROPERTY OF THE PARTY OF TH Tive and across the to I may

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the land 2 sideath. Washington Washington MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) write RURAL and give neerast town) ed in kages 1 ages 1 12 Davs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 809 Chestnut YES NO Wash County Hospital 3. NAME OF Middle Last 4 DATE Month DECEASED (Typa or print) BOWARD DEATH December 1961 AMELIA pon IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | pue last birthday) Months White car Female WIDOWED | DIVORCED March 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove dona during most of working life, even if retired Chewsville Wash Co Md. USA Housewife Own Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Then please .= U nknown and John Longnecker 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unkown) (If yes give war or dates of service) 219-36-2726 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass Guy L. Boward Sr 809 Chestnut 0 attending physician. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Hagerstown Md. ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: interna IMMEDIATE CAUSE (a) burial-transit DUE TO l'aiteriosclerario Conditions, if any, which certificate has been gave risa lo immadiata cause DUE TO (a), stating the undarlying cause last. as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 YES THO [perotive use 2Da. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) Por OR CONTRIBUTING CAUSE OF DEATH After this detached 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm,) (State) 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., etc.) Whila Not While Hour a.m. at work at work DIRECTOR:, 196./.., that (I) (we) last saw the deceased alive on....... 22b. DATE 22a. SIGNATURE SIGNED STAFF ATTENDING MED DIRECTOR PHYS. PHYS. M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edward W. Ditto 111. M. D. 217 West Washington St. filed i death.

directo

directo

be files 23d. LOCATION (City, town or county) (Stele) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Beaver creek Wash Co Md. Burial Dunkard Cemetery 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Andrew K. Coffman Hagerstown Md. 15M 9/60 DEC 1 2 '61 DATE Cathan & Health

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RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14518 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence before edmission) a. COUNTY a. STATE b. COUNTY WASHINGTON the d MARYLAND MARYLAND WASHINGTON and b. CITY OR TOWN (if outside corporate limits, deat c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) in by write RURAL end give nearest town) HAGERSTOWN HAGERSTOWN Pages Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO COUNTY HOSPITAL EAST FRANKLIN WASHINGTON 3. NAME OF Middle 4. DATE pape DECEASED OF (Type or print) DEATH 196] CHARLES HERBERT BOWMAN DECEMBER carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Deys Hours WIDOWED DIVORCED MALE remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, evan if ratired) 13. FATHER'S NAME WASHINGTON Co. MARYLAND 14. MOTHER'S MAIDEN NAME please attending HERBERT T BOWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? I MELLINGER 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) 213 E. Franklin St. attending physician, NO 211 09 9581 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] CARLITA D. BOWMAN Hagerstown Mary and. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: rcinoma 6 mo. IMMEDIATE CAUSE (a) the burial-transit DUE TO Edt Cinone Conditions, if eny, which certificate has been geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY use as PERFORMED? NO · prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW DIJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, (County) (Stete) factory, street, office bldg., atc.) While Not While Hour a.m et work at work DIRECTOR 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS HOFFMAN 214 N. POTOMAC St. HAGERSTOWN, MARYLAND. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stata) REMOVAL (Specify) OI BURTAL. HAGERSTOWN MARYLAND 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) DATEDEC 2 7 '61 15M 9/60 Cirthur S. Thous SUTER - ROUZER 305 N. POTOMAC St. HAGERSTOWN MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY the day b. CITY OR TOWN (if outside corporate limits. MARYLAND c. CIT OR TOWN (If outside corporate limits, write RURAL and give nearest town) by th c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freet address) d. STREET ADDRESS 8 executed 3. NAME OF 4. DATE Middle paper 72 Month complet DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. BONIMANI B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and last birthday) Months MALE WHITE WIDOWED DIVORCED physician -remove 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired any ETIRED DUILDING CONTRACTOR ITERS BUKC WASH, CO. MD. 13. FATHER'S NAME attending p = and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA 16. SOCIAL SECURITY NO.I (Yes, no, or unkown) | (Ifyes give war or dates of service) 214-16-1355 BOONS BOIRE MD 1B. CAUSE OF DEATH Enter only one cause per signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **burial-transit** DUE TO aftending has been Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying burial. cause lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this etached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc. While Not While Hour e.m. at work et work n m DIRECTOR: June 19.51 to 21. I certify that (1) (this hospital) attended the deceased from.... 0 2_______19_51, and that death occurred \$250M, from the causes and on the date stated above. saw the deceased elive on..... shoul 22a. SIGNATURE ATTENDING DIRECTOR PHYS. AL AL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) tCONDAR! OONSBORO MD director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) GONSBOILA MANIETZATZA FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DOCNSBORD

e. IS RESIDENCE ON A FARM? YES NO

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(State)

22b. DATE

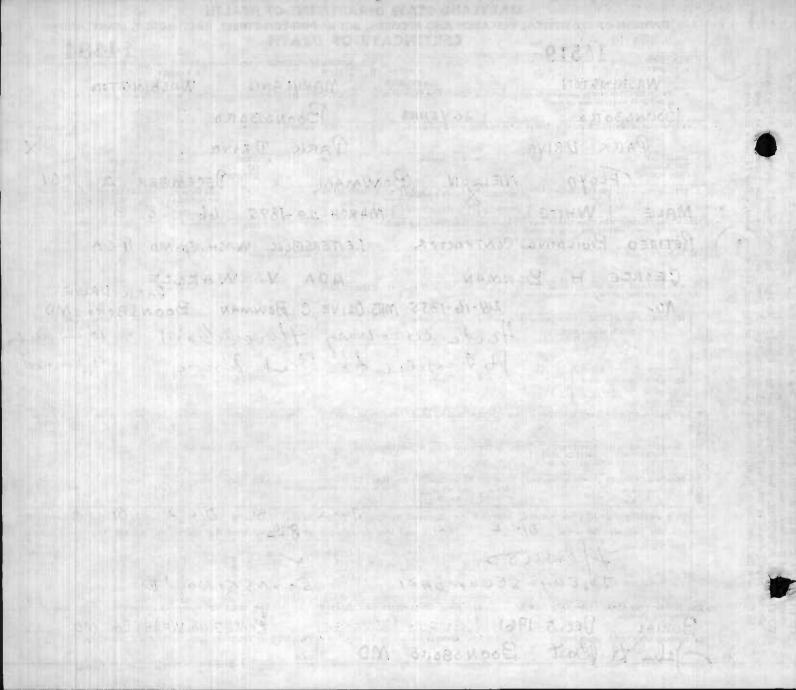
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VR A15 (4) 15M 7/61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14520 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY the d WASHINGTON MARYLAND MARYT AND WASHINGTON and deat b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) by write RURAL end give neerest town) .5 -RURAL HAGERSTOWN HAGERSTOWN 9 DAYS ages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Pa . IS RESIDENCE ON A FARM? YES NO WASHINGTON 3. NAME OF COUNTY HOSPITAL Middle Year paper 72 DECEASED OF comple (Type or print) 19 63 within carbon 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthdey) and Months Days WIDOWED W DIVORCED DOWED DIVORCED AUGEST 26 1895 66 yrs.

10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) FEMALE physician 10e. USUAL OCCUPATION (Give kind of work **Lemove** 12. CITIZEN OF WHAT COUNTRY? é done during most of working life, even if retired) any HOUSE WIFE TRELAND

14. MOTHER'S MAIDEN NAME II-S-A please attending pue JOHN MIT ATICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? CATHERINE KAVANAUGH 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address (Yes, no, or unkown) | (If yes give wer or detes of service) 157 30 6330 HELEN WALLA R.R. I HAGERSTOWN, MARYLAND 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: physici IMMEDIATE CAUSE (e) PULMONARY EDEMA 48HRS signed burial-transit DUF TO attending HYPERTENSIVE CARDIOVASCULAR DISEASE 10 YRS Conditions, if eny. (b) has been geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital PERFORMED? as NO V PUL PIONARY EMPHYSEMA CHOLENSTINTIS AND CHOLEL THISASIS

200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I of Item 18.) for OR CONTRIBUTING CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER detached 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) Hour e.m. Not While may be retained DIRECTOR: Af et work et work shoul 22b. DATE 22e. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WASHINGTON ST. HAGERSTOWN 131 WEST JNO. H. KEHNE M.D. 23d. LOCATION (City, town or county) (State) 230 BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 5 8 JERSEY CITY NEWJERSEY HOLY CROSS CEMETERY REMOVAL 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) SUTER-ROUZER FUNERAL HOME 305 N. POTOMAC ST. 15M 9/60 DARFC 2 7 '61 Dawson HAGERSTOWN, MARYLAND.

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MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Washington Washington MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Hagerstown days Rural - Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Washington Co. Hospital YES NO Route NAME OF Middle DECEASED December 15 1961 (Type or print) DEATH GRACE BROWN 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) Months Hours female 23,1884 WIDOWED [DIVORCED November 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife own home Washibgton Co. Md. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen McKee Ida Summers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Mrs. Dorotha Poffenberger, Hagerstown, Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). ONSET AND, DEATH DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury Lin Pert I of Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work e = (/ () (we) last 21. I certify that (I) (this hospital) attended the deceased from. RC15 , and that death occured atFM, from the causes and on the date stated above. saw the deceased 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) Dec.17.1961 Beaver Creek Washington Co. Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bittle, Myersville, Md pare 2 0 '61 Orthur & Kraus

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TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

ge 4 may be retained by the hospital or attending physician.

TO FULLERAL DIRECTOR: After this certificate has been signed by the attending physician and complete lifed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon paper, rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

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DIVISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W	. PRESTON STREET	BALTIMORE 1, MARYLAND
14522	CERTIFICATE OF	DEATH	1110W

1.	1. PLACE OF DEATH a. COUNTY	SUAL RESIDENCE (Where deceased lived, If Institution, Residence	belore edmission)
	WASHINGTON MARYLAND 8.	STATE MARYLAND 6. COUNTY HASHIK	GTAN
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	CITY OR TOWN (It outside corporate limits, write RURAL and give n	eerest town)
	HAGERSTOWN 9 KS. 03	HAGERSTOWN	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	STREET ADDRESS	. IS RESIDENCE
10	WESTERN MD. STATE HOSP.	1079 GEORGIA AVE	YES NO
3.	3. NAME OF First Middle	Last / 4. DATE Month Dey	Yeer
	(Type or print) IDA DELLE BROW	WNING DEATH DEC 23	1961
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE	9. AGE (In yeers IF UNDER 1 YEAR lest birthday) Months Deys	IF UNDER 24 HRS. Hours Min.
1	FEMALE CUTTE WIDOWED DIVORCED []	124/801 BCyrs. Months beys	nours min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTHPLACY (County & State, or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
	HOUSEWIFE HOME	VIRGINIA U.	5, A
13	13. FATHER'S NAME	NOTHER'S MAIDEN NAME	
1	MARCUS MILLS	JOPHINA C. JO.	NES
15 (Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR. (Yes, no, or unknown) (Ifyosgive were relates of service)	MANT Address HAGE	FOSTOWK
	NO NONE PRS.	MARY GLADHILL	Mir.
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]	INTE	RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LO BULAR PNE	5 140 NIN	Duys
	331X DUE TO		
	Conditions, if eny, which \ (b) CEREBRAL VASCL	NAR ACCIDENT 18	Sources
	gave rise to immediate cause (a), stating the underlying DUE TO		
	cause last. (c) BENER AUIZED P	ATERIOSCLEROSIS U	NKNOWN
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19	. WAS AUTOPSY PERFORMED?
N S	CAT	Y	ES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter OR CONTRIBUTING CAUSE OF DEATH	neture of injury in Pert I or Pert II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF I	INJURY (Home, ferm, ' 20f. (City or town) (County)	(Stete)
W. B.	Hour a.m. While Not While factory, stre	et, office bldg., etc.)	
		-21 1961, to 12-23, 1961, th	at (I) (wa) last
	saw the deceased alive on 12-23 19.61, and that death	occured at 24 M. from the causes and on the da	te stated above.
	22e. SIGNATURE	*	22b. DATE
		TTENDING MED. STAFF HYS. DIRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S	2d. ADDRESS	. *
	NAME (TYPE) ANTONIO U. PALLAGROSI	1500 Penna HVE May	whowe
23	230. BURIAL CREMATION, 236. DATE THEREOF 230, NAME OF CEMETERY OR CRE	MATORY 23d. LOCATION (City, town or county)	(Stete)
	RELITION 12/27/6/ Rost House	Tom Hoserston	Med.
24	24 FUNERAL DIRECTOR'S SIGNATURE // ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATI	Upt.
1	W. Morney Hagerslown	A DATEDED 2 7 161	
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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) 1. PLACE OF DEATH l director. Page or your files. WASHING 7 a. COUNTY a. STATE WASHING TON b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) for your ASERSTOWN
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 0 YES TO NO T HUSP NAME OF 4. DATE Month Day Yeer "in pencil in Item 18. Give Pages 1, 2, and 3 to the Item Office along with form PM3. Page 5 may be retailed burial-transit permit, File pages 1 and 2 with the St moval, and in any event within 72 hours after deamoval, DECEASED OF (Type or print) DEATH EC 19 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | *IF UNDER 24 HRS* last birthday) Deys Hours WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) HOUSE FATHER'S NAME (Yes, no. or unknwn) | (If yes give wer or dates of service) OMAS BOOUSBOROMA 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause "pending" 60 Medical Examiner's DUE TO 35 (a), stating the undarlying 0 cousa last. be used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word NO er tro chan 3 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Perf | or Perf | of item PRIMARY [] or CONTRIBUTING CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20d. INJURY OCCURRED 20e. PLACE OF fNJURY (Home, farm, Month, Dey, Yeer 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) et work at work WOOKSTONO 12456 prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide [Accident Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL SISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 6 **EXAMINER'S** should NAME (Type) Address (Streat, city, town, or county) please 4 shou O FUN 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) TO DE (Stata) REMOVAL (Spacify) ö VS. A15ME 9 '61 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.207

34374	14403
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL NR. CLEAR SPRING LIFE	X SPICKLER RURAL CLEAR SPRING.MD
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	a. IS RESIDENCE
RESIDENCE	NONE YES NOT
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
(Type or print)	BURK DEC. 16 1961
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED TO DIVORCED	MAY 4,1871 lest birthday) Magths Dexs Hours Min.
No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
RETIRED FARMER FARMING	WASHINGTON CO. MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IAMES KING PURK	FLORENCE WEAVER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dales of service)	INFORMANT Address
	RS EADAH SNYDER CLEAR SPRING, MD.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
241× 1000	O I WIN
Conditions, if any, which \ (b) Chronic	Cardine Tailine 3 month
gava rise to immediate causa (a), stating the underlying DUE TO	0100510
cause last.	nehial asthma 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	
THE STATE OF THE S	PERFÖRMED? YES NO M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH DEATH TO CONTRIBUTING TO DEATH DEATH TO CONTRIBUTING TO DEATH DEATH TO CONTRIBUTING TO DEATH BUT NO C	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PL While Not While fac	ctory, street, office bldg., etc.)
21. I certify that (I) (this hoppital) attended the deceased from	1964 that (1) (we) last
	it death occured a M. M., from the causes and on the date stated above.
22a. SGNAVRE	22b. DATE
Tavax Drewer	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 12/17/56NED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) David R. Brewe	I Clear Spring Med,
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOGATION (City, low or county) (Stata)
BURIAL DEC. 18,1961 ST. PAUL	S CEMETERY WESTERN PIKE, CLSPG, MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Manaret R. Rowland CLEAR SPRING, MI	DAEC 21 '61 O alun S. Kraus
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LARTER TO THE CONTROL OF THE CONTROL . Managaran service of actions and the contract of the contrac AT THE PERSON OF With Bright State of the State THE RESERVE OF THE PARTY OF THE GIRN TEST YES TO WAR TO THE WAR TO SEE The state of the s COLUMN SEPTEMBLE OF THE SEPTEMBLE OF THE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH ay is necessory, please exe-director. Page 4 should be cremotion, Reg. Dist. No. 4 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission a. COUNTY Washington Maryland b. COUNTY MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hacerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital Wolford Ave. 2013 delay NAME OF Middle 3 to the funeral 2 with the registra DECEASED OF DEATH Pillian Burkholder (Type or print) Minla. December. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR ost birthday) Months WIDOWED T DIVORCED T November 26, 1932 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Own Home Hagerstown Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian M. Dieterich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Kagerstown Md. Give Mr. C.H. Burkholder Wolford Ave. 217-28-5007 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which Tra Cray cal. gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enfer noture of injury in Port t or Part II of item 18.) PRIMARY DE CONTRIBUTING auto - Bun over la CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City of town) While Not while (actory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year Ita Gecs four of work of work 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry to the Chief DIRECTOR: deoth resulted from: Natural couses Accident Suicide Homicide , Undetermined couse ACTUAL CHIEF MEDICAL EXAMINER SIGNATUS ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Ditto Ill. Edward W. DEPUTY MEDICAL EXAMINER NAME (Type) O DEPU FUNE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 12/20/61 Rest Haven Cemetery Burial Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE DEC 21 Civilium S. Maria Rest Haven Funeral Chapel Kagerstown Md.

When a Horox

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Washington

Days

(County)

e. IS RESIDENCE ON A FARM?

YES NO PA

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO [T]

DATE SIGNED

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(Stote)

1961

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
14526	CERTIFICATE	OF DEATH	1.1					
COUNTY Washington	MARYLAND 2.	o. STATE Maryland	b. COUNTY Washington					

11								
u	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Re	sidence before a mission					
	Washington MARYLAND	* STATE Maryland b. COUNTY Wash	ington					
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and						
	Hagerstown / DAY	Rural Williamsport RFD #2	V					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?					
	Western Md. State Hospital	Williamsport RFD #2	YES NO					
	3. NAME OF First Middle DECEASED	Dey Yeer						
1	(Type or print) MAMCANET ACNES	BYERS DEATH DEC 15	1 1961					
/	7. MARKIED NEVER MARKIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS. Ays Hours Min.					
		ept. 23 10 17 177 yrs. 2 2.	L					
	done during most of working life, even if retired)		EN OF WHAT COUNTRY?					
	Housewife Home	4	S. A					
		14. MOTHER'S MAIDEN NAME						
H	Joseph Garrish 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Georgetta Ardinger						
	(Yes, no, or unkown) ((Ifyesgivewerordatesofservice)		W = // 0					
		Robert Byers Williamsport						
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)		ONSET AND DEATH					
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) LOBULAR PREUMONIA 2 days							
	DUE TO							
	Conditions, if any, which governs to immediate cause (b) Suppurpative personance personal distributions of the suppurpative personal distributions of the							
	(a) stating the underlying DUE TO							
	cause lest. (c) Chronic pyelon	vephritis	UnknowN					
ы	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?					
1	3 Wephrolithiasis		YES NO					
	DE 200. ACCIDINT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Pert II of item 18.)						
		CE OF INJURY (Home, farm, '20f. (City or town) (Count ory, street, office bldg., etc.)	y) (State)					
	p.m. 19 et work ef work							
	21. I certify that (I) (this haspital) attended the deceased from	12-14-6, 1961, 10 12-15 , 196	, that (I) (++++++++++++++++++++++++++++++++++					
	saw the deceased alive on DEC 15 1961, and that	death occured at 2.10.M, from the causes and on the	e date stated above.					
	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED					
	Vietar L' Kamas M	D. PHYS. DIRECTOR PHYS.	UEC. 15, 1961					
1	22c. PHYSICIAN'S NAME (Type) VICTOR L. Ramos, m. D	1500 PENNA AUE MACEN	PETAMEN 143					
		Sample						
	REMOVAL (Specify) Dec. 18-61 Riverview C		aryland					
	Burial Dec. 10-01 Riverview o							
	24 EUNERAL DIRECTOR'S SIGNATURE 1011 ADDRESS + 201	250. REC'D BY REGISTRAR 256. REGISTRAR'S SI						
	well a deap womage of	DATE DEC 18'61 Cirthur 8.	, 47mm					

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1.2.7	by tribrametiiib		Housewife
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ST. OH B. Jroomelle	Mr. Mobert Syers Mi	exon	OM
	e parameters	Lebula	
EX-Yes	Air portandels	Suppusar	
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Carlotte Design		sounds and	
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		the alleman	ducit of week

tem 18 Film 30 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14597 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington o. STATE b. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Hagerstown Since 11/30/61 Frederick-Rural RD#3 ector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Western Maryland State Hospital Near Lewistown 3. NAME OF First Middle DATE funeral Last your DECEASED DAYTON CATROW. December 10, 1961 (Type or print) LEWIS SR. DEATH for 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR lained 26 April 1895 Months Male White WIDOWED | DIVORCED IX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ന 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if retired) Self-employed Carpenter Lewistown. Md. è. puo 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Annie Snook Joseph Catrow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 533 Address Patton St. Give No Lewis D. Catrow. Jr. Paxton, Ill. PM3 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c). PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (0) DUE TO with 2. Canditians, if any, which pencil alang burial gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. pending" in ner's Office D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CATION 00 iner's 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Exami should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) writing the white Medical I factory, street, office bldg., etc.) Hour Not while a. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and find that the Chief I death resulted from: Natural causes K. Accident , Suicide , Homicide , Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER artifi 0 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Edward W. Ditto III. M. DEPUTY MEDICAL EXAMINER NAME (Type) farwa

. IS RESIDENCE ON A FARM?

YES Y NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES TE

(State)

NO

(State)

IISA

22d. LOCATION (City, town, or county)

Nr. Lewistown. Md.

VS. A15ME(5) SM 9/S5

0

22g. BURIAL CREMATION, 22b. DATE THEREOF

12-13-6

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE R. Etchison & Son, 3 '61 DATE

22c. NAME OF CEMETERY OR CREMATORY

Utica Cemetery

CICL DATE OF THE			
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after	TO FUNCE AL DIRECTOR: After this certificate has been signed by the attending physician and complete the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The Law he retained by the hospital or attending physician	TO FUNCE AL DIRECTOR. After this certificate has been signed by the attending physician and complete the field in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper regges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 17599

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12040	
1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where dacaesed lived, If institution: Residence bafore edmission
Washington MARYLANI	Maryland Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1	
writa RURAL and give nearest town) Hagerstown 45 years	63 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streel eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM
908 Spruce St.	908 Spruce St. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	ole DEATH December 2 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	Nov. 16, 1882 79 yrs. Months Days Hours
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if ratirad)	STRY 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Carpenter City of Hag. M	d. Blairs Valley, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Cole	Nancy J. Suffcool
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas, no, or unkown) (Ifyasgive war ordatas of service)	. INFORMANT Address
	Mrs. Margaret R. Kennedy Hagerstown
18. CAUSE OF DEATH [Enler only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Left Lung,? Bronchogenie year
162.1 DUE TO	1 3
Conditions, if eny, which (b)	
geve rise to immadiate ceuse (a), stating tha underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
[3] arling entre Hart Discess	VEC TI NO T
	RED. (Entar netura of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
at week	factory, straet, office bldg., etc.)
	627- 106/12-7. 106/14/01/11
saw the deceased alive on 12. 2 196./., and the	m.G2.7 — 1961, to 12 — 7 — 1961, that (I) (we) la hat death occured all.P.M., from the causes and on the date stated above
22e. ŞIGNATURE	22b. DATE
Lalton Wilt.	M.D. PHYS. DIRECTOR PHYS. STAFF
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23. NAME OF CEMETER	RY OR CREMATORY 23d, LOCATION (City, town or county) (State)
REMOVAL (Spacify)	
Burial 12-)-01 Rest have 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	n Cemetery Hagerstown, Md.
	200 200 600 0 60
Scott F. Minnich & Son Hagerstow	n, Md. DABEC 6 '61 Cirthur S. Thomas

908 Springe St.

GLOS VERBIL

He erstown

Surface Street

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Carpenter City of Last. Mil. Chairs taller. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

		14529		CERTIF	FICA	TE OF DEATH		2000		8.4/	10/	
	PLACE OF DEATH					2. USUAL RESIDENCE (Who	ere deceased		n: Residen	ce befor	e admiss	ion)
	. COUNTY Wash	ington.		MARY	LAND	Maryland b. COUNTY Washington						
	b. CITY OR TOWN (If outside corporate limits, write			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest						
P11	RURAL ond give ned	asantvill	0)	39 year	10	XRural (Pl	09591	ntville))			
	d. NAME OF HOSPITA	AL (If not in hospital, g		1 - 1		d. STREET ADDRESS	casai	.ILVILLE,		e	. IS RES	
	OR INSTITUTION	Residence				Hoffmaster	Road	1				FARM?
	NAME OF DECEASED	Fire	t	Middle	1%	Last	4. DATE OF	Mont		Day	,	Yeor
	(Type or print)	LAURA		CATHER	INE	COLEMAN	DEATH	Decembe	er :	13,		1961
5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRI	ED 🗌	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			_
F	'emale	White	WIDOWI	DIVORCE	D 🔲	August 18,	1880	81 yrs.	Months	Doys	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work of	one 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign co	ountry)	12. CITI	ZEN OF	WHATC	OUNTRY
	Housewif	ng life, even if retired)		wn Home		Sprankles	Mil:	l. Penna		USA	A	
13.	FATHER'S NAME				7	14. MOTHER'S MAIDEN N	AME					
R	obert Je	tson Gast	on			Barbara E	lizal	eth Fre	der	ick		
		IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT Mr Pa	111 A	Colettia	ith.			
{Te	NO (1	f yes, give wor or dates of se	rvice)	None	RED			erry. We		Ja.		
=	18. CAUSE OF DEAT	TH Enter only one co	use per li	ne far (a), (b), and (c)	.]	" = 1.01.00				INTE	RVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	Co	rcinomato	വലീട					ONS	ET AND	
	153.8 DUE TO								-	ANTZ	2.0	
	Conditions, if an	which \	00	noon of	7070	32				17	1772	
	gave rise to in	nmediate	_ Učl	ncer of	OLL)[[N T	
	couse (a), stoting t	he under-										
z		FR SIGNIFICANT CON	OITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAI DISEAS	F CONDITION GIV	FN IN PAR	T 1(a) 15	. WAS	AUTOPSY
CATIO	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ER STOTATIONAL CONT	, , , , , , , , , , , , , , , , , , ,	CONTRIBUTION TO BE		THE RESIDENCE TO THE TEXAMI	TALBISLAS	CONDITION ON		(0)	PERFO YES	RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture af injury in P	Port 1 ar Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a.m. p. m.	Manth, Day, Yes	20d. II While of wor	NJURY OCCURRED Not while k ot work		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.		or tawn)	(0	County)		(Stote
	21 I certify that	(I) (this hospital	otteno	led the deceased	from	Dec. 11 196	57 to	Dec. 73	19	67 th	at (I) /	wel la
				- 1-		leoth accurred a5:2		-				
	22a. SIGNATURE	a dive dil by) direction	i illui c	deoil decorred obje	JAN TOTAL	ine caoses on	d OII IIIe	doie		b. DATE
	0	A De	R	-0		M.D. ATTENDING ME	ED.	STAFF PHYS.			12-	SIGNE

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

C.T. Byron Kao, M.D. 23c. NAME OF CEMETERY OR CREMATORY

Spring Hollow, Brunswick, Md. 23d. LOCATION (City, town, or county)

Samples Manor Cemetery Samples Manor,
APPRESSPORE FERRY 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI FUNERAL DIRECTOR'S SIGNATURE Appers Ferry, West Va.

DATE DEC 2 0 '61

22d. ADDRESS

arilar S. Finns

TO HOSPIT TO FUNER VR A15 (4) 15M 9/59

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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14530

o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. It inst a. STATE b. COU	NTY
WASHINGTON	MARYLAND	MARYLAND	WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wr	ite RURAL ond give nearest town)
CLEAR SPRING	LTFE	CLEAR SPRING	
d. NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION	et address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
RESIDENCE		RURAL	ON A FARM? YES NO
3. NAME OF First	Middle	Last 4. DATE	Manth Day Yeor
(Type or print) ROY	CHARLES	CORWELL OF DEC	9. 1961
		B. DATE OF BIRTH 9. AGE (In yo	ears IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDO	OWED DIVORCED	MARCH 19.1946 15	yrs. 8 20 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10	Db. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) NONE STUDENT	HIGH SCHOOL	WASHINGTON CO. MD	U.S.A.
13. FATHER'S NAME	II GII SONOOL	14. MOTHER'S MAIDEN NAME	OIDIR
DOY (HOW) CODWE		FRANCES GOWER	
	16. SOCIAL SECURITY NO. 17. IN	NFORMANT OF THE PROPERTY OF TH	Address
(Yes, no, or unknown) (If yes, give war or dates of service)	NONE	ROY (JACK) CORWELL	CLEAR SPRING, MI
1B. CAUSE OF DEATH [Enter only one couse per		not (anon) consent	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (o)	HODGKIN'S DISEASE		T years
70 / /			
Conditions, if ony, which gave rise to immediate (b)			
couse (o), stoting the <u>under-</u> lying couse lost.			
101	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATIO			PERFORMED? YES NO
Z PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 1B	
OR CONTRIBUTING CAUSE OF DEATH			
	J. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town)	(County) (State)
Hour o.m.	tile _ Not while fac	ctory, street, office bldg., etc.)	
	wark at work	Jan. 8, 1958 December	9 61
21. I certify that (I) (this haspital) atte	ended the deceased fram		19, that (I) (we) last
saw the deceased alive an Decem	, and that c	death accurred at 3:15MAMom the cause	201 DATE
220. SIGNATURE	-0	M.D. PHYS. ATTENDING MED. STAFF	12/11/61 SIGNED
22c PHYSICIAN'S	v rec		14/11/01
NAME (Type) Archie Robert Coher	n, M.D.	22d. ADDRESS Clear Spring, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, to	wn, or county) (State)
REMOVAL (Specify) BURTAL 11/12/61	ST. PAULS	CEMETERY WESTERN I	PIKE, CLSPG. MD.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
Margaret Killamlan	al Clear 6	DEC 15 61	Called S. Thank

and the control of th WARRING CONTROL OF the first of the second A SECURITY OF THE PROPERTY OF Datial , may 125 A.A. made meet stand or THE TACK TO STATE OF THE STATE

VR A15 (4)

15M 9/60

MEDICAL CERTIFICATION

	MARYLAND STAT	E DE	PARTMENT O				
	DIVISION OF STATISTICAL RESEARCH AND REC	CATI	OF DEATH		ALTIMORE 1,	MARYLAND 1110	
1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Whata dacaasa	d lived. If Institution	Rasidanca before	admission)
	a. COUNTY		a. STATE		b. COUNTY _	, Kasiaania sarari	/
	Washington MARYL		Penns			anklin	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IN 1b	c. CITY OR TOWN	If outsida corporata	imits, write RURAL	and giva neerast to	own}
	Williamsport 5 mo.		Wayne	sboro		75x.	.3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrag	ss)	d. STREET ADDRESS				RESIDENCE
	Williamsport Sanatorium		122	Clayton A	WA	YES	NO T
3.	NAME OF First Middle		Last	4. DATE	Month		ar Lac
	DECEASED (Type or print)			OF DEATH		7.0 10	~ ~
	Edith B. Gri		DATE OF SIRTH		Dec.		61 ER 24 HRS.
٥.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	X	DATE OF BIRTH		birthday) Months		Min.
	Female White WIDOWED DIVORCED	□ De	c. 29, 1884	76			
10a do	n. USUAL OCCUPATION (Give kind of work ne during most of working life, avan if ratired)	INDUSTRY	11. BIRTHPLACE (Cour	nty & Stata, or foraig	n country) 12. (CITIZEN OF WHAT	COUNTRY?
	Teacher		Franklin	Co., Penn	9.	U.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		0.00.11.	
	Christian Cridan	2014	Susan Pa	mlea.			
15.	Christian Crider WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO). 17. XI	NFORMANT	LIKS	Address		-
	No (Ifyesgivawarordatesofsarvica)	1/	P	land ill non	Observice	haman Da	
-	18. CAUSE OF DEATH (Entar only one causa per line (a), (b), and (c)	PI	r. Russell C	rider	Chambers	burg, Pe	HKIE.
	PART I, DEATH WAS CAUSED 8Y:	Λ	0 4/0	- /:	0.00	ONSET AND	DEATH
	IMMEDIATE CAUSE (a) Live,	700	E /The	- arn	age	1 3.	whi
9	DUE TO		1.0				
	Conditions, if any, which (b)	e fo	-100	erasi	1	1	M
	gava risa to Immediate cause	D	D	0	•	1.	- 17
	(a), stating the underlying	Le	1 ky	chart	us	14	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAI DISEASE COND	ITION GIVEN IN PA	RT 1(a) 19 WAS	AUTOPSY
CATION	TAKE III. OTHER SIGNIFICATION CONTROLLED CONTROLLED TO DESTRE		T KEETTIED TO THE TERM	11112 51021102 00110	more of the first in the	PERI	FORMED?
						YES	NO X
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O OR CONTRIBUTING CAUSE OF DEATH	CCURED.	(Enter neture of injury in	Part I or Part II of ite	m 18.)		
Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
3			CE OF INJURY (Homa, fare		wn) (C	ounty)	(Stata)
MEDI	Hour a.m. While Not While at work at work	tacto	ory, straat, office bldg., etc	•)	,		
2	p.m. 17 L1		for and a	1959 to /	20/ 12.	0/2/ 1 1 10	() 1 .
	21. I certify that (I) (this hospital) attended the deceased		7			99./., that (1)	
	saw the deceased alive on 12/13 19.6.1, an	nd that	death occured at/		causes and on		
	22a. SIGNATURE		ATTENDING	MED. ST	AFF	27	SINED .
	10 men 17. Dyon	71 M.	D. PHYS.	DIRECTOR PH	YS. 📄	12/1	3/6/
	PHYSICIAN'S NAME (Type) Dr. Robert B. Brown		22d. ADDRESS	W. Main S	t., Wayne	sboro. P	enna.
	NAME (1990) BI . 100010 B. BIOWII		3~		0 ,		
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	METERY C	OR CREMATORY	23d. LOCATION	(City, town or cou	inty)	(State)
	REMOVAL (Spacify)	Char	rch Cemeter	Fmc-1	74- 0-	70	
245	TOMERAL DIRECTOR'S SIGNATURE ADDRESS	Onu	25a. RE	Frank	25b. REGISTRAR	S SIGNATURE	ma.
-	MAH. WHILL W	40		DEC 1 8 '61		S. Kraus	
_	The fortal approximation	JL.	DATE		Country	a, Ivianos	
	CK4						

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Tenent' c.co., Perma.

Mr. Russell Brit or Gharamssure, Tomes.

D. B. W.

Micre . H Stadef . Il

12/15/61

Crider's Charact Camacary Franklin Co.,

Will St., Majore, Repne.

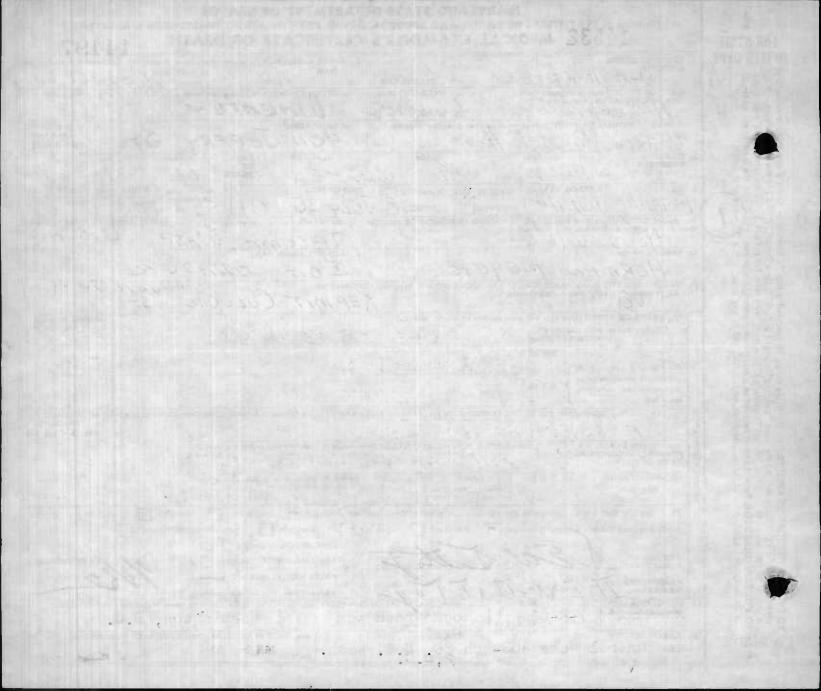
Vende I

FOR STATE HEALTH DEPT. TO DEV. IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please and the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the first of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14532 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14497
	1444

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: R	esidence before admission)					
ľ	WASH WG FOR MARYLAND	e. STATE MD. b. COUNTY O	UT60mork					
1	b. CITY OR TOWN (if outside corporate limits, witte RURAL end give neerest town) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerast town)					
	MAGERSTOWN 6 WEEKS	WHEATON	1534.7					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	I a. IS RESIDENCE					
	Western Mo. State Hosp.	4011 JEFFRY ST.	ON A FARM? YES NO					
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Year					
	(Type or print) BESSIE M. CO		1 1961					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years If UNDER 1						
	FEMITIC WIDOWED DIVORCED	1624 26, 1911 50 yrs. Months	Peys Hours Min.					
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY?					
	HOUSEWIFE	TACOMA, WASH	U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	HERMAN MEYER	IDA BLAZER						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown?) (If yes give war or dates of service)		Je ffry					
	(1765) 110, of different of delessors of vices	ERMIT CULUER ST.						
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: AS PIRATION	OF VAMITUS	FEW MINUTA					
3	I S C V	01 10111103	1- 6 10 11110016					
	5 DUE TO PARKINGON	1 C M	5 VEARS					
	geve rise to immediate cause	Conditions, if any, which (b) FARKINSONISM 5 YEARS						
1	(e), steting the underlying DUE TO							
	cause lest. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO FRACTURE 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH A CHARACTER A	T MIP	YES NO					
	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH	nter neture of Injury In Pert I or Pert II of Item 18.) PETTENT F	ELL					
1	ZOc. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLAS	CE OF INJURY (Home, ferm, † 20f. (City or town) (Coun	ty) (Stete)					
	Hour a.m. While Not While I	ME WHEATON	MARYLAND					
	21. I certify that I took charge of the remains described above, he	d an Autopsy 4, Inspection , Inquiry ,	and in my opinion					
	death resulted from: Natural causes 7, Accident . Suicide . Homicide . Undefermined manner							
	CHIEF MEDICAL EXAMINER							
	ACTUAL A TOTAL TO THE TENTE OF	ACCICTANT MEDICAL EVALUATES .	DATE SIGNED					
	SIGNATURE TO THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	1					
-	EXAMINER'S TO ENTITION TO	Address (Street, city, town, or county)						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CENTERY OR	~	(State)					
	Rock Creek	Gem Washington, D.C	•					
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE					
	Lee Funeral Home 300-4th St. N.E.	Wash. DATE JAN 5 '62 Circling &	Want					
L	2, V. V.	1 DAIL	, ruality					



DIVISION OF STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14533 funeral M within 24 hours after 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY by the and 2 death. NASHINGTON MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) in I d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ANSBART ages e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle complete Year pape 72 DECEASED (Type or print) DEATH 19 6/ carbon with 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED and The law requires that the death certificate be last birthday) Months ! Days HO. USUAL OCCUPATION (Give kind of work WIDOWED Yrs. -physician гетоме 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired RETIRED P and Threany DOONSBORD POST OFFICE NEAR KEEDYSVILLE WASH CO. MD please attending ANDREW MARTIN VAN BU 16. SOCIAL SECURITY NO. Then (Yes, no, or unkown) | (Ifyes give wer or detes of service) NONE NID INTERVAL BETWEEN hospital or attending physician, certificate has been signed by the r use as the burial-transit permit. I prior to burial, cremation, or remover CONSBORO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: town 5 IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), stating the underlying cause last. the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO 4 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) DIRECTOR: After this of should be detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! be retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, form, ! 20f. (City or town) Month, Dev. Yeer (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While Not While o et work et work p.m. 19.00 to.... Die 5...... 1905, that (I) (we) last 19 1. 2:2 21. I certify that (I) (this hospital) attended the deceased from.... 1961, and that death occurred at 2M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. Pe 4 M.D. page 22d. ADDRESS BOONS BORO 22c. PHYSICIAN'S SECONDARI NAME (Type) rector, 23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 5 3 WASH CO KID JOONS BORD DOONS BORD DaRIA THE GISTRAN & S. REGISTRAR'S SIGNATURE ADDRESS 25. REC'D FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) winny S. Thouse 1SM 7/61 60NSBORD DATE TUAL

To the Style of th The second of th The all street that the season of the season Candy Therese AM and Wall Wall County Known V. W. 1914 Marie Card and James James Holls and the analysis to the same

FOR STATE HEALTH DERJ. delay is necessary, Health TO DEF REDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please so the factorial please so

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	170	MEDIC	CAL EXAMINE	R'S CERT	IFICA	TE OF D	PEATH	14	499		
1.	PLACE OF DEATH	1				CE (Whare deci			denca bafore	edmission)	
	V. COONTY	Vashington	MARYLA	ND a. ST	ATE	Md.	b. COUN	Was	sh.		
	b. CITY OR TOWN (if outside corporete timits,	c. LENGTH OF STAY I	N 1b c. CIT							
	Hagerst		life		lagers	town					
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not	ot in hospital, give street eddress)	11 /	REET ADDRESS					A FARM?	
	Washing	gton County	Hospital	9	41A L	anvale	St.		YES [NO [
3.	NAME OF DECEASED	First	Middle		ast	4. DATE	Mont		Dey Yes		
	(Typa or print)	Mary	Josephin	e De	avers	DEATH		Dec. 2	25, 19	61	
5.	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF			AGE (In yeers	IF UNDER 1 YE		R 24 HRS.	
	female	white w	IDOWED X DIVORCED	May 4	, 1890	0 7	last birthdey) 1 yrs.	Months Day	/s Hours	Min.	
		ION (Give kind of work	106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRT	HPLACE (Slete	or foreign count	ry)	12. CITIZE	N OF WHAT	COUNTRY	
ac	housewi	rking lile, even If retirad)		На	gersto	own, Mc	1.				
13.	FATHER'S NAME			14. MOTH	HER'S MAIDEN	NAME					
		Jesse 01:	iver		Mary	y S. H.	Brow	'n			
		ER IN U.S. ARMED FORCES? fyes give wer or deles of service		17. INFORMA			Address			1111	
	no		none	Mrs. C	ather:	ine Jor	nes, H	agerst	own,	Md.	
			use per lina for (e), (b), end (c).]	0	,				INTERVAL BE		
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac	Hres	+				Lum	. 0	
	57011	DUE TO									
	Conditions, if any	, which \ (b)									
	gava rise to immedi	DUE TO			- 1						
Н	(a), staling the u	nderlying (c)						ALC: U			
Z	PART II. OTHER		NS CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(e			
ATIC	gangren	e ilum	due to toto	el olist	withon	i with	fl cut	ufly	YES PERFO	ORMED?	
IFIC	200. EXTERNAL CA		DESCRIBE HOW INJURY OCCUI	RED. (Enter natura	of Injury in Per	rt I or Part II of its	om 1B.)		1	[]	
CERTIFICATION	PRIMARY or CO	NTRIBUTING									
	20c. TIME OF INJU	RY Month, Dey, Yeer	20d. INJURY OCCURRED 20	. PLACE OF INJU	JRY (Home, ferr	n, 20f. (City o	r town)	(County)		(Stata)	
MEDICAL	Hour a.m.		WhileNot While	factory, streat, c			31.3			,	
×	p.m.	19	at work at work	a hold an Au	anni I	Inspection [7 4		_ 1 :		
			he remains described abov			Inspection	Inquii		nd in my o	pinton	
	death resulted	rom: Natural causes	Accident [],	Suicide,	Homicide		etermined m	nanner			
1	ACTUAL	8 . () 1.	.1 () 12/2 -	~~	HIEF MEDICAL	_					
	SIGNATURY_	churan u	0.8110-11	M.D.		ICAL EXAMINER			DATE SIG		
9	EXAMINER'S NAME (Typa)	Edward W. Di	itto 111, M. D.			L EXAMINER TO	unty)		12/26,	61	
228	BURIAL, CREMATIC		22c. NAME OF CEMETE	RY OR CREMATO	RY	22d. LOCATIO	N (City, town	, or country)	(Sta	10)	
12	burial Specify	12-28-61	Rose Hil	1 Cemet	ery	Hage	erstow	n, Md.			
23	. FUNERAL DIRECTO	R	ADDRESS		24a. REC	'D BY REGISTRA					
S	cott F.	Minnich & S	Son, Hagerst	own, Md	. DAT DE	C 2 8 '61	O.N	Chur S. Kr	aud		

- . IS Co Leving L. V. Luy 1 - 10 / 10 / ESE Times ligares of the alleger Hardratown, Md. a. Bury S. B. Cant nord Marker Catherine Jones, Marerstone, La. Cardia's Price + gangine item the to total obstantion with fruit it Fled W DING III benight 12-25-61 Posco Hill Corotter Pagerstorm. M. and the state of t

led in by the funeral rages 1 and 2 should hours after death. The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. 36 4 may be retained by the hospital or attending physician.

TO FURE RAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

VR A15 (4) 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

+	143			UU				
1	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)			
4	a. COUNTY		a STATE MARYLANI	b. COUNTY IN A 2	HINGTON			
	WASHINGTON	MARYLAND						
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside c	orporate limits, write RURAL end g	give neerest fown)			
1	HAGERSTOWN	55 YRS.	03 HAGERSTOWN	N				
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	d. STREET ADDRESS		e. IS RESIDENCE				
ł	915 CORBETT ST.		915 CORBETT	ST.	YES NO A			
ŀ	3. NAME OF First Middle Last 4. DATE Month				Dey Yeer			
	(Type or print) WILLIAM AU	JGHINBAUGH	DELLINGER DEA	OFGENERA	3 1961			
ſ	5. SEX 6. COLOR OR RACE 7. MARRIER	NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE				
ı	MALE WHITE WIDOWE		9/18/1898	last birthday) Months Da	ys Hours Min.			
ŀ	10a. USUAL OCCUPATION (Give kind of work 1 10b. KI	ND OF BUSINESS OR INDUSTR	0/ -0/ -000		EN OF WHAT COUNTRY?			
ı	done during most of working fife, even if refired)	117 4 7m 14mm						
1	CARPENTER SAND	BLAST MFG.	CO. MARYLAND	U	.S.A.			
J	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
A	JACOB DELLINGER		LAURA SNYDER	3				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address HA(GERSTOWN			
ı	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	214-09-6613	MRS. IOLA F. 1	DELLINGER	MD.			
I	18. CAUSE OF DEATH [Enter only one cause per li			1	INTÉRVAL BETWEEN			
1	PART I. DEATH WAS CAUSED BY:		To la		ONSET AND DEATH			
1	IMMEDIATE CAUSE (e)	Coronay	e account	•	11/2 Covil			
	4201 DUE TO / F							
Conditions, if eny, which) (b) yearned Columb releases								
1	geve rise to immediate cause							
1	(e), stelling the underlying DUE TO							
1	14/3							
1	PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH Underlying CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?			
	<u> </u>				YES NO			
1	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)							
1								
ı	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. I		CE OF INJURY (Home, farm, 20f. (ory, street, office bldg., etc.)	City or town) (County	r) (Stete)			
1	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. I Hour e.m. While o.m. 19 at work	THOI WILLIAM	ory, sireer, office blog., erc.)					
1			11-1-61 10	10-12-61	11 1 (1) () 1 1			
1	21. I certify that (I) (this hospital) attend							
1	saw the deceased alive on							
1	226. SIGNATURE 226. SIGNATURE 226. STAFF 226. DATE SIGNED							
1	A MU SULD	M	.D. PHYS. DIRECTOR	PHYS.	2/4/61			
1	22c. PHYSIGIAN'S NAME (Type) / 7- 7 1/7	7	22d. ADDRESS	7	11/1			
-	177 EVE	11/12/2	- Harry	wood force	/			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LC	CATION (City, town or county)	(Stete)			
	REMOYAL (Specify) 12/5/62	ROSE HILL	/	AGLESTOWN	MD			
1	1 12/0/01	ADDRESS /	O.F.	GISTRAR 256. REGISTRAR'S SIG	SNATURE			
	24 FUNERAL DIRECTOR'S SIGNATURE	TALL IL	7. 1		SIAMIONE			
J	Will WINGER TO	www.	MAN DATE DEC. 6	161 11111 9	4			

A PART OF THE PERSON OF THE PE STATE OF THE STATE

VR A15 (4) 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14030	CERTIFICAT	E OF DEAT		14	501
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where deceased		esidence before admission
Washington	MARYLAND	*, STATE Marvl	and	Washing	ton
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16			mits, write RURAL and	
Hagerstown	10 days	03 Hager	stown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		d. STREET ADDRESS			. IS RESIDENCE
Washington County Hos	pital	126 W.	Bethel	Street	YES NO
3. NAME OF First DECEASED	Middla	Last	4. DATE	Month	Day Yeer
(Type or print) Marie	D	ixon	OF DEATH	Dec.	17 19 61
5. SEX 6. COLOR OR RACE 7, MARRIED		DATE OF BIRTH	9. AGE	(In years IF UNDER 1	
Female Negro WIDOWED	7.0	ctober 5.	1900 61	birthday) Months I	12 Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun		country) 12. CITI	ZEN OF WHAT COUNTRY
done during most of working life, even if refired) In	Homes	Cleveland	d . Tenn		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Frank Hamilton			Mary Phi	lips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT		Eddress 36 S	to
Yes, no or unkown (Ifyes give wer or detes of service) 22	0-16-2732ev.	Coleman	Barnes	Cleveland	Ohio
18. CAUSE OF DEATH [Enter only one cause par lin	ne for (a), (b), end (c).]	1 11 1	1 /		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	· 44,9801.0	tal al	Lancit	TW C	1/12 Jugar
420-1 DUE TO	7	1	- Jane		my nucca
Conditions, if any, which \ (b)			1/		
gave rise to immediate cause					
(e), steting the underlying cause last.					
	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONT					YES NO
	RIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Part II of ite	m 1B.)	
OP. CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH					
3 20c. TIME OF INJURY Month, Dey, Year 20d. IN		E OF INJURY (Homa, farm	n, Off. (City or to	vn) (Cour	nty) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. IN While P.m. 19 et work	THOU WATER	y, street, office bldg., etc		1,00	
21. I certiff that (I) (this hospital) at each	d he deceased from	2/11/	10 / to /	2/11/66	, that (I) (we) la
saw the degeased alive on	1.19 and that	death occured at	M, from the	1.0101	he date stated abov
22e. SIGNATURE	191	(0)	/		1 PER DATE
1/2 Opla File	teen of M.D	DUNC TO F	MED. ST.	YS. D /2	11169
22c. PAYSICIAN'S	1	22d. ADDRESS		,	11/1
NAME (Type)				/-	1
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	(City, town or county	(Stete)
Burial Dec. 20, 1961	Rosehill Cer	metery	Hager	stown Mo	bro Lun
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	Hager	25b. REGISTRAR'S	SIGNATURE THE
aller & Leof W:	illiamsport,	Md. DATEDE	C 2 2 '61	Orthug &	Kraus

THE RESERVE OF THE PROPERTY OF

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	arylend Vachington		godan Meet
	Hagenstown	10 A25	H. goruthun
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10	Dinonio Deo. 17	٩.	trans.
	October 5,1906 61 2 12		Female Negro
	Clevelant, Tenn. USA	In Homes	composite morner
	aciling yran		Press Heatlycon
ABBUCIL.	v. Collaga Seraca Ciovelendo Oni	220-26-2738-	0//
	ensuery Hagerstown, Marylan	9(1 8086 11)	00.00 \ Taini

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MARYLAND STATE DEPARTMENT OF HEALTH

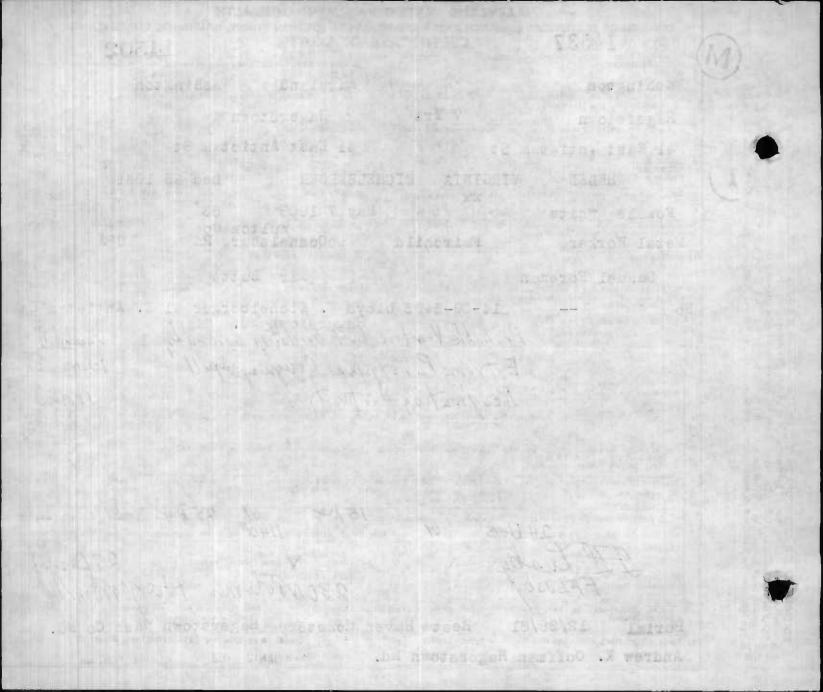
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION 14502

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceasad lived, If institution: Raside	nca befora edmission)
Washington MARYLAND	Maryland Washington	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give	naarest town)
P4 97	03 Hagerstown	
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
41 East Antietam St	41 East Antietam St	YES NO
3. NAME OF A First Middle Middle	Last 4. DATE Month Day	Year
AT 1 TOTAL WALL BOOK AS TO A STREET A STREET AS TO A STREET	ELBERGER DEATH Dec 25 1961	19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthdey)	
	May 7 1908 53 yrs. Months Days	Hours Min.
	TRY 11. BIRTHPLACE (4417 8456) or Goon country) 12. CITIZEN	OF WHAT COUNTRY?
Metal Worker Fairchild	McConnelsburg Pa USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel Foreman	Mary Butts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yas, no, or unkown) (Ifyasgivawarordetasofservica) No 214-09-5495 L1	oyd W. Eichelberger 41 E. Ant	ietam St
18. CAUSE OF DEATH [Enter only one cause per line for [a), (b), end (c).]	Hagerstown Wd.	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Probable Ventrica	la Eb. 11 to seed he	MINSET AND DEATH
EIA 1	con 17 contragion consed by	noncerey
Conditions, if any, which DUE TO Extreme Parux	15 M al Coughing Spell	-2 Mens bo
gave risa to immediata cause	Sing of John 1	
(a), stating the underlying DUE TO POSTALLE TO	Nto The	10 das
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTREK SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	PERFORMED?
S L COLOR MAN	D (f	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter natura of injury in Pert I or Part II of itam 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) ctory, street, office bldg., atc.)	(State)
Hour e.m. Whila Not While et work et work	A	
21. I certify that (I) (this hospital) attended the deceased from	15 Nec , 196/, to 25 Dec , 196/,	that (I) (we) las
A 17 6	at death occured at 1.1.40P, from the causes and on the	date stated above
22a. SIGNATURA LUBBU	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 2	7 Den GIGNED
22c. PHYSICIAN'S FFLUS by	23d Nordomin Hadow	to Mi
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial 12/28/61 Rest v Have	n Cemetery Hagerstown Wash C	lo Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
Andrew K. Coffman Hagerstown Md.	DATE JAN 2 '62 Civilian & Th	au A

ed in by the funeral ages 1 and 2 should TO HOSPCAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

5 TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should so with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1,2000	4		14500			
. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If institution: R	Residence before edmission		
Washington	MARYLAND	a. STATE Md	. b. COUNTY Wa	sh.		
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limits, write RURAL end	d give neerest town)		
Hagerstown	51 years	Hagerst	own 03			
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give streel address)	d. STREET ADDRESS	1	a. IS RESIDENCE		
422 Mitchell Ave	•	422 Mit	chell Ave.	YES NO		
NAME OF First DECEASED (Type or print) Harr	Middle Y	Evans	4. DATE Month OF DEC.	Dey Yeer 4, 1961		
. SEX 6. COLOR OR RACE 7	. MARRIED T NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.		
		Dec. 1, 18	80 81 yrs. Months	Days Hours Min.		
Da. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country) 12. CIT	ZEN OF WHAT COUNTRY		
done during most of working life, even if retired) carpenter	constr. work	Hardy, W	. Va.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Peter Evan	S		Amanda Haw	se		
5. WAS DECEASED EVER IN U.S. ARMED FORCE		INFORMANT	Address			
Yes, no, or unkown) (If yes give we rordates of serv	214-09-7876 E	va L. Evan	s, Hagerstown, M	d.		
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Arterio El	entir been	+ deserva	ONSET AND DEATH		
4200 DUE TO						
To a laid Color			celenui	Veirs.		
geve rise to immediate cause	S. A. A. Z. C. I. Z. C.	C. 29 x 110	10/22010	12		
(e), steting the underlying DUE TO				1 2 2 8 1		
cause lest. (c)	ONE CONTRIBUTING TO BEATH BUT NO	OT DELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED?		
Chronic for	restabli & Ci	1 statis		YES NO		
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTION ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town) (Cou	nty) (State)		
Hour e.m. While Not While factory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from 10C+ 1961, to 4/2, that (I) (we) last						
saw the deceased alive on. 19.6/, and that death occurred all						
220. SIGNATURE	acll and		MED. STAFF DIRECTOR PHYS.	12/4/CI SIGNE		
22c. PHYSICIAN'S HAME (Type) - Hon.	& Hoachlond	22d. ADDRESS	writour md	, ,,-,		
3e. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or count	y) (Stete)		
REMOVAL (Specify) 12-6-6		Mem. Barde	n Hagerstown, M	d.		
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC	C'D BY REGISTRAR 25b. REGISTRAR'S	does not		
Scott F. Minnich	& Son, Hagerst	own, MchaiDE	G 6, '61 anhur S.	Times		

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Later March Carl

I den it tout lead in the you have a lot to

Scott S. Winnich & Son, Englishmen Md. HE . . 14058

12-5-61 Codn't Lawn Men. Cardon Hagerstown; Mail

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNEXIL DIRECTOR: After this certificate has been signed by the attending physician and complete it is in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, regges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 8

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14539 CERTIFICATE OF DEATH
14504

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)					
Washington MARYLAND	Maryland Washington					
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)					
Hagerstown 7 Hrs	0.3 Hagerstown					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RE	SIDENCE				
		FARM?				
Wash County Hospital	409 Mitchell Ave	NOTA				
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF					
(Typa or print) WILLIAM KENT	FEIGLEY DEATH December 21 19	6 1				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
11.	Bby 21 1885 76 yrs. Months Days Hours	Min.				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OUNTRY?				
Baker Manbeck Bread Co	Hagerstown Wash Co Md. USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Kent Feigley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Emily Armstrong					
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	NFORMANT Address					
No Be	ernard Feigley 23 So Cannon Ave					
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Hagerstown Md. INTERVAL BETY					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Acute Coronary	Occlusion 8 hour					
42010 DUE TO	10 yea	rs				
Conditions, if eny, which \ (b) Atherosclerotic	Heart Disease 11 mon	ths				
geva rise to immedieta cause						
(e), stelling the underlying						
	TO DELIATED TO THE MINIMAL DISEASE CONDITION GIVEN IN BART 1/1/10 WAS A	LITOREY				
Previous myocardial interction due to Pulmonary Emphysema Perromed? Coronary Thrombosis - March 1951 3 Fronchial Astima. 200. Accident was underlying 20b. Describe How Injury Occurred. [EN noture of injury in Pert I or Pert II of item 18.] The previous myocardial interction due to the injury in Pert I or Pert II of item 18.]						
Coronary Thrombosis - March 1951 73 Pronchial Asthma YES K NO 1						
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	(EN neture of injury In Pert I or Pert II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour s.m. 19 St Work et work	CE OF INJURY (Home, ferm, ; 20f. (City or town) (County)	Stete)				
Hour a.m. While Not While fectory, street, office bldg., etc.						
21. I certify that (I) the sposoical attended the deceased from Dec. 21 to Dec. 21, 19 of that (I) (Was) last						
saw the deceased alive on Dec . 21 1961 , and that	death occured at	above.				
22e. ŞIÇNATURE	22h.	DATE				
Mal tenan	ATTENDING MED. STAFF 12-22-6	STIGNED				
27c PAYSICIAN'S	22d. ADDRESS 2 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
NAME (Type) William T. Layman, M.D.	Hagerstown, Professional Arts Blo	ıg.				
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Sta	ate)				
Burial 12/23/61 Rose Hill (Cemetery Hagerstown Wash Co & 1	Via				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	## CL				
Andrew K. Coffman Hagerstown Md.	258 REC D BY REGISTRAR 256 REGISTRARIS SIGNATURE					
Marew w. Odithen magers town ma.	DATE					

65 Milescance of Tabulant Than the Market The Committee THE STATE OF Biret Transfer Bread Committee Commi TO THE RESIDENCE OF THE · 分名於何例 经营业的 医皮肤皮肤的 THE SECOND SECON william A. Content Haraneto Ta margine

	DIVISION OF STATISTICAL RESEA	RCH AND RECORDS,	301 W. PRESTO	r nealin N Street, Baltimoi	RE 1, MARYI	AND	
	14540 See bir	CERTIFICATI	OF DEATH		1	4674	
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceasad lived, If institution; Rasidanca bafore edmission)					
0	WASHINGTON MAR		e. STATE	b. COUN	WASHING	TACATO	
1	b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	e. CITY OR TOWN	(If outside corporete limits, write			
	writa RURAL and give nearest town)		12				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	7 YEARS	HACERSTOWN d. STREET ADDRESS			e. IS RESIDENCE	
	. NAME OF HOSPITAL OR HOSPITOTION (II HOT IN HOSPITE), give street address)		1 G. STREET ADDRESS			ON A FARM?	
	1611 CATHEDRAL AVENUE		1611 CATH	DRAL AVENUE		YES NO K	
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day	Year	
	(Typa or print) FRANCIS	JOHN	CETTY	DECEMBI	ER 27	19 61	
5	SEX 6. COLOR OR RACE 7. MARRII	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	MALE WHITE WIDOW		7/21/03 700	2 50 88 yrs.	Months Deys	Hours Min.	
	a. USUAL OCCUPATION (Giva kind of work 10b. k	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & Steta, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?	
	one during most of working life, even if ratirad)	OF FRIDER ANTON	CADDEMIN	MARYLAND	U.S.	A	
	SCHOOL PRINCIPAL BD.	OF EDUCATION	GARRETT 14. MOTHER'S MAIDEN		0.5	A.	
1							
13	JOHN GETTY ANNIE DORSEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
0	as, no, or unkown) (Ifyas give war or datas of sarvica)			CEDENTAL TAR CEDEN COM	OF THE BARTOTET	ANTO	
NO 212-24-1752 MRS. VIVIAN P CETTY HACERSTOWN MARYL							
ON						ERVAL BETWEEN	
	IMMEDIATE CAUSE (a) COronzry Thrombosis					20 min	
	710 O DUE TO						
	Conditions, if eny, which \ (b)	rterioscl	erutic +	teart Disa	210	2 1 m. ±	
	gave rise to immediata cause						
	(e), stating the underlying				200		
7	(0)						
01	11.0		1			PERFORMED?	
2	ATPETTENSIV		A_ G 17654	4 /		YES NO	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH						
1							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
AFD	Hour a.m. While p.m. 19 at we	a THOI WILLIAM	ory, sirear, orifica brog., at	1			
1	21. I certify that (I) (this-hespital) atler		Dec - 26	106/ to 105.2	6 10/1	hat (1) (was last	
	saw the deceased alive on 5.2.C.2.6		death occured at.J.	m.m., from the causes	and on the da		
	22a. SIGNATURE	1	ATTENDING	MED. STAFF		226. DATE SIGNED	
	Close Ca. Hof	man M	.D. PHYS.	DIRECTOR PHYS.		12/28/6	
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	omovila am inter	DOMOTRI M	ATD TOT ANTO	
	LLOYD A HOFFMAN	I M D	214 N F	OTOMAC ST HAGE	RSTOWN M	ARYLAND	
2	Ba. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stata)	
	BURIAL 12/30/61	GRANTSVILLE C	EMETERY	GRANTSVILLE :	MARYLAND		
2		ADDRESS	25e. RE		GISTRAR'S SIGNA		
	SUTER - ROUZER PUNERAL HON	E HAGERSTOWN M	D. DATE	JAN 9 '62 0	riling S. Kro	unes .	
1	SUTER - ROUZER PUNERAL HOM	II HUMOTIOTOMIA II	ne inuit /	Aller o			

ed in by the funeral TO HOSPITIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a death.

See the set may be retained by the hospital or attending physician.

Yoursett Directors: After this certificate has been signed by the attending physician and complete ed in by the set of rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN:

The law requires that the death certificate be executed within 24 hours after

Charles of the state of the sta THE PROPERTY OF THE PROPERTY O the first of the same of the s The man is a meaning that the same of the 12/2/ SOURCE STANDARD OF BOTTLESSES SO OR SEATTREES SO HOS N. P. D. L. L. Mark 56,1-1-0.5 Lens and worker years areas There is a second toward agree of the A Lesses & well-best township A THE DECK ALL OF THE PERSON OF Section 1 and 1 Paget College - San College - BATTAN WHITE LAND AS DAISTON BUILTS TO A MINE THE A COURT OF PROPERTY AND SHARES THE STANKEN EVEN OF TO 105/51 Beild - Robert Pünklal Hoh Laran III.

1	I	em 18 Film 30 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
28 8		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 4 F. O.
uld office	0	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)
should	(NA)	g, COUNTY
4 -	11/1	washington Maryland Washington
Pog		and give nearest lown
o P	,	Maugansville 36 Yrs X Maugansville
Girecto	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Main St Lain St & Dewey Ave o. Is RESIDER ON A FAR YES \(\subseteq \) NO
ol ol		NAME OF First Middle Last 4. DATE Manth Day Year DECEASED
yau		(Type or print) GLEN ELWOOD GLESNER DEATH December 16 1961 19
for e		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years IF UNDER 14 EN)
生の生	(T)	Male White WIDOWED DIVORCED May 7 1935 John Months Days Hours Min.
3 to	4	
12 ad		during most of working life, even if refired)
2, o		Plumber Maugansville Wash Co Md USA 14. MOTHER'S MADEN NAME
- 6 -		
5 5 G		Snively E Glesner Cora B. Shank
Pa oge		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes, give war or dates of service)
N T		No \$19-20-2261 Snivley E. Glesner Maugansville Md.
MA3.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
18 F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) / FRIEND CAN \ / / / /
far far sit		322 O DUETO
in l		Acute Alcoholic Interior
io Li		gave rise to immediate couse
pen		(d), stating the underlying
E 9 0		
Office of	1	PERFORMED
's C	L	
pe		20a. EXTERNAL CAUSE WAS PINARY GO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Port II of item 18.) PART OF THE PART
- Page		
Ma Sho		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State of the county) (State of the county)
the dica		Haur a.m. While Not while factory, street, affice bldg., etc.) p. m. 19 at work at work
Med		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find
writing iief Me iief Me		death resulted from: Natural causes
3 to 2		
the		ACTUAL CALL CLARACTER COLLECTION OF THE SIGNED CHIEF MEDICAL EXAMINER COLLECTION OF THE SIGNED
00	. 1	ASSISTANT MEDICAL EXAMINER
A A	000	EXAMINER'S 73 17 73 177 M D Act 12/18/61
cute the forwarde	E	Items (1)per Southern Co. 114 St. of
forw FUI	5	ta. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
1	^	Burial 12/20/61 Dunkard Gemetery Broadfording wash Co Md.
S. A15ME(5		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE
SM 9/55	11/10	Andrew K. Coffman Hagerstown Md. DATE 01 21

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		BENEFIT OF THE PARTY			
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VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

	14542 CERTIFICATI	E OF DEATH	14506		
	1. PLACE OF DEATH a. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		sh.		
	Hagerstown 47 years	c. CITY OR TOWN (If outside corporete limits, write RURAL end			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Washington County Hospital	d. STREET ADDRESS 1870 Fountain Head Road	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)		
	3. NAME OF First Middle DECEASED (Type or print) William Lamas	Hankey, Sr. d. DATE OF DEC.	Day Your 30, 19 61		
	male white WIDOWED DIVORCED A	lug. 1, 1001 00 yrs.	EAR IF UNDER 24 HRS. Bys Hours Min.		
	owner if relired ice cream Co.	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ Rocky Ridge, Md.	EN OF WHAT COUNTRY		
	James Hankey	14. MOTHER'S MAIDEN NAME Emma J. Long			
	(Yes, no, or unkown) ((Ifyes give war or detes of service)	informant Address Ars. Kathleen Beyard, Hagers	stown, Md.		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Uremia		interval Between onset and Death 31 hours indeter-		
	Conditions, if eny, which (b) Arteriolarnephrosclerosis geve rise to immediate cause Part 11 - Right went right and all station and hy				
	cause lest.	cricular dilatation and hype purulent bronchitis, bronchi	a.1		
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO A STANDARD AND PULMONARY EMPLOYED AS THE STANDARD COURSE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Atheroscierotic Heart	(e) 19. WAS AUTOPSY PERFORMED? YES NO		
		D. (Enter neture of injury in Pert I or Pert II of item 18.)			
	20c. TIME OF INJURY Month, Dey, Year Hour a.m. 20d. INJURY OCCURRED 20e. PL/ While Not While fac at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Count tory, street, office bldg., etc.)	y) (Stete)		
	21. I certify that (I) (INIX NO DEA) attended the deceased from saw the deceased alive on Dec. 29 19.61, and that	Dec. 28, 1061 to Dec. 30, 19.6 t death occured at			
			226. DATE L2-30-61		
	PHYSICIAN'S William T. Layman, M.I	22d. ADDRESS 5 Public Square Hagerstown, Md.			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL 1-2-62 Green Hill		(Stata)		

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

arthur S. Trans

Scott F. Minnich & Son, Hagerstown, Md. DATE JAN 3

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William Completes Hearley, br. Western 198.

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Market J. Carrie

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Suriad Col-2-12 Concept Hill Concept Maynestore. Perma.

Scott . Minnich & Son, ingeratown, Ma. - My

MARYL	AND STATE DEPARTMENT OF	nealin
DIVISION OF STATISTICAL RESEARCH	CH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
41789	CERTIFICATE OF DEATH	14507

V	- 4543		· · · · · · · · · · · · · · · · · · ·	LIUUI			
	1. PLACE OF DEATH A. COUNTY		2. USUAL RESIDENCE (Where deceese	d lived, If institution: Rasidence before admission) b. COUNTY			
	Washington	MARYLAND	Maryland	Washington			
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL end give nearest town)			
1	Downsville 1 yr		03 Hagerstown				
ì	d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
	Woburn Manor Boarding H	ome.	127 Randolph				
	3. NAME OF First DECEASED	Middle	Last 4. DATE OF	Month Dey Yeer			
	(Type or print) Annie	May	Hann DEATH DE	cember 18, 19 61			
١		WKKIED HILTER WAKKIED	, DATE OF BIRTH 9. AG	E (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Devs Hours Min.			
i			November 10, 1879 82	yrs.			
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreig				
	Honsewife.	Own Home.	Manchester, Md.	USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
		Garvick	Amanda Bowser				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or detes of service	1	NFORMANT	Address			
ı	No		R.J. Hann 124 S. Potomo	c St. Hagerstoyn, Md.			
	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:		1. 1 / / . 1.	ONSET AND DEATH			
	IMMEDIATE CAUSE (e)	e. MYDCARC	lia L Intarchie	W OMHOGIATE			
	42011 DUE TO						
	Conditions, if any, which (b)						
	(a), stating the underlying DUE TO	gave rise to immediate ceuse (a), stating the underlying DUE TO					
	ceuse lest. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
	ICAT			YES NO K			
	OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURED), (Enter nature of injury in Pert I or Part II of its	om 18.)			
		and allien occurred to the	or or hillipy (if a few 1 obt /Charact	own) (County) (State)			
	20c. TIME OF INJURY Month, Day, Year Hour e.m.	While Not While fact	CE OF INJURY (Home, farm, 2Df, (City or to	wn) (County) (Slate)			
		at work et work	1.00	1.0			
	21. I certify that (I) (this hospital)			f. f., 19, that (1) (we) last			
	saw the deceased alive on	and that	death occured at 2. M, from the	causes and on the date stated above.			
	22e. SEMATURE			TAFF 226. UNED			
	Lagre +. Tour	· 9 M	I.D. PHYS. DIRECTOR PI	14s. 12/1861			
	22c. PHYSIO(AN'S NAME (Type) RANG 7 1/0	Cha M D	Taillitus 06.	of MJ			
	23a, BURIAL, CREMATION, Sb. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 123d ADCATIO	N (City, town or county) (State)			
	REMOVAL (Specify)		0 . (/.	AA I			
	Burial 12/20/61 24 FUNERAL DIRECTOR'S SIGNATURE	Rest Haven	Cemetery dagen	25b. REGISTRAR'S SIGNATURE			
	Rest Haven Juneral Cha						
			n, 17d. DAHEC 21 '61	Circles & Kraus			
	we. u. v	arot					

al Cincello TO SUNDEN TOU and the second s ation about 185-86 et 2501; Tasaberes Transfer to the total and the same of the south them. and a state of the former of marketon and Backly competed to the forces on the survey office of so. a see the light of the the same of the sa

FOR STATE HEALTH DERT. TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of featith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14508

PLACE OF DEATH COUNTY		a. STATE	h COUN	ITU	
Washington	MARYLAND	Maryla			ington
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give neerest lown)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	tsida corporete limits, write	RURAL and giv	e nearest town)
Rural Hagerstown	33 years	Rural	Hagers	town	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, giva streat address)	d. STREET ADDRESS		1107-61	IS RESIDENCE ON A FARM?
Hagerstown Rt. 6		Hagers	stown Rt.	6	YES NOX
3. NAME OF First	Middle	Lasi 4.	DATE Month	n De	y Yeer
(Type or print) Howard Burlt	on Harba	ugh	DEATH Decemi	ber 22	2 1961
5. SEX 6. COLOR OR RACE 7. MARRIE		. DATE OF BIRTH	9. AGE (In yeers		R IF UNDER 24 HRS.
Male White widowi		une 8, 1889	72 yrs.	Months Days	Hours Min.
	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN	OF WHAT COUNTRY
dona during most of working life, even if retired) retired Machinist N	avy Yard	Creagerst	own. Md.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
Harry Harbaugh		Emma Brown	1		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address		
(Yes, no, or unkown) (Ifyasgivewarordetesofservice)	5-26-8428 Mrs	. Myrtle V.	Harbaugh	Rt. 6	6
18. CAUSE OF DEATH [Enlar only one cause per					NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	X basino.				ONSET AND DEATH
902.0 DUE TO	1700000				,
Conditions, if any, which \ (b)	000000	Poucuss con			2-4tim.
geva rise to immediata cause	Carrie C	or way con	7		
(a), slating the undarlying DUE TO					
Z PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY
(a) (2)	7	7)			PERFORMED
3 O Musicur of no	RIBE HOW INJURY OCCURED. (1	inter nature of Injury In Part Los	Part II of item 18)		YES NO
CAUSE OF DEATH.	from back	Porch - Stru	ch hord or	e Cister	on bese
	INJURY OCCURRED 120a. PLA	one street office bldg atc !	11	(County)	(State)
House am. 12 22196/ at wo	rk ol work	0 14 8-	Hay orstow	n wasi	k Hd
21. I certify that I took charge of the ren	nains described above, he	ld an Autopsy Ins	pection Inquir	y 📑 an	nd in my opinion
death resulted from: Natural causes	Accident Suic	ide , Homicide	, Undetermined m	nanner	
C P O T	112	CHIEF MEDICAL EXAM	MINER		
ACTUAL Chamadalla	LIXIATIT	ASSISTANT MEDICAL	EXAMINER		DATE SIGNED
SIGNATURE CAUTAL CONTROL OF THE SIGNATURE	123 11 2	DE UTY MEDICAL EX	AMINER X	1	12/23/61
Examiner's Edward W. Di	tto 111, M. D.	Address (Streat, city,			41-10101
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		I. LOCATION (City, town	, or country)	(Stata)
Burial 12-26-61	Rose Hill Ce	meterv	Hagerstow	n. Md.	
23. FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR 246. REG		
Scott F. Minnich & Son	, Hagerstown,	Md. DATEC 2	8 '61 Quit	wy S. Hrace	A
TOO SO HELD THE TOTAL OF SOIL			1 0,000		

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	HERENIGHT MILES	RECORDS,	901 11	. PKLJIGI
4545	CERT	IFICATE	OF	DEATH

14509

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
WASHINGTON MARYLAND	a. STATE DEPARTMENT AND AND THE AND TH
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
HAGER STOWN	RT 3 CHAMBERSBURG GREENE TOWNSHIP
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
WASHINGTON COUNTY HOSPITAL	R.R.3 Chbg.Pa. 75x-3 YES NO
3. NAME OF DECEASED (Type or print) Aden First Middle	Last 4. DATE Month Day Year OF DEATH Dec. 11th. 1961
XADERX E	HECKMAN
7. MAKKIED A NEVEK MAKKIED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS, lest birthdey) Months Days Hours Min.
	Sept. 14th. 1891 70 yrs. 10015 10015
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farm & Poultry all his Life	Peters Twp. Penna. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry L. Heckman	Mary Etter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address // Address
(Yes no. or unkown) (Ifyes give wer or detes of service) 201-30-7844 Mr	s.Della Heckman - R.R. #3Chbg.Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (0) Respiratory	failure onset and DEATH
DUE TO	
Conditions, if any, which) (b) Cevelaral eden	na (following eramotomy) 5 days
	a (- o the wing o coome to my)
(a), stelling the underlying DUE TO Intracerebra	l hematoma (spontaneous) 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
A H	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of itam 18.)
	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata)
Hour a.m. While Not While fach	sty, street, office bruge, every
	Nov. 24, 19.61, to Dec. 11, 1961, that (1) (we) last
	death occured at 6.60 M, from the causes and on the date stated above
220. SIGNATURE A-T-Durullal M	ATTENDING MED. STAFF SIGNED D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
A F ABDULLAH M D	132 N. POTOMAC ST. HAGERSTOWN MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 12/14/1961 Lincoln Cem	dlamila
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25- BEC'D BY BEGISTEAD 25h DEGISTRADE TANK
Chas. M. Rouser Hagerstown M d.	DATE 2 9 '61 Comma & Trans

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I See . William . Carlo

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AND REPORT OF THE PARTY OF THE nerini 10/14/2003 Lincoln Cod.

JASS. . OUSER LERENSTOWN II a.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14548

14510

		COUNTY		2. USUAL RESIDENCE (Where deceosed lived. If in a. STATE b. COI	
		Washington	MARYLAND	Tehna	Franklin
	t	city OR TOWN (If outside constrote limits, write RURAL and give, nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
		Hagers town	IWK	Corrence stle	73 X · 3
	(J. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)/	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		ulishington Co.	Hespital	348 S. Washing	TEN ST YES NO
	3.	NAME OF First	Middle	Lost 4. DATE OF	Month Day Yeor
		Type or print) Harry	<i>m</i> .	Helm Dece	mber 3, 1961
ı	5. S	EX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In last birth	
H		Male White WIDOWED	DIVORCED _	Antil 19, 1905 56	yrs. Months Doys Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if retired)	IND OF BUSINESS OR INDU	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Landis Machine &	Foreman	Franklin Co. tenn	a 115A
	13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
		Daniel B Hel	In the second	Mary May	H
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC. no, or, unknown) [(If yes, olde war or dates of service)	OCIAL SECURITY NO. 17. IN	NEORMANT A A	Address
	(10)	100	75-03-0606	mo Bertha below.	Sheweastle, og
		1B. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]	1 .111	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	But - (Ms	unlinoid Huma	ONSET AND DEATH
		2 3 DUE TO			10 11
		Conditions, if ony, which	Ulitho -J	cloparis - letebel	lax fat
ľ		gove rise to immediate			
	н	lying couse lost.			
	Z		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	CATION	Name			PERFORMED? YES NO
	III.	20a. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of item 1	8.)
	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	₹ S			ACE OF INJURY (Hame, form, 20f. (City or town)	(Caunty) (Stote)
	MEDICAL	Hour o. m. While at work	IAOI MUIIE	ctary, street, office bldg., etc.)	
		21. I certify that (I) (this hospital) attende	d the deceased from	25 Nov. 19 61 to 3 Dec.	, 1961 , that (I) (we) last
		saw the deceased alive an 3 Dec.		leath occurred and M, from the cause	
		22a. SIGNATURE	and mar c	leam occorred we sem, from the coose	22b. DATE
		Ca 1 2/4/20	145	M.D. PHYS. DIRECTOR PHYS.	12/4/61
		22c. PHYSICIAN'S		22d. ADDRESS	
		Paul F. Webster, M.D.		27 S. Carlisle St., Gr	reencastle, Penna.
	23a	BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, 1	town, or caunty) (State)
		REMOVAL (Specify) 12/7/196/	Rodox P	mus Cometery Charlest	wa Frankling Fenny
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 EC'D BY REGISTRAR 25b.	APOISTRAR'S SIGNATURE
6	1	trankl M. Ilminanan	Hermoth	DE0 7 104	Alun & Kraus
	/	1			· Alle Comment

THE PERSON NAMED IN THE PERSON NAMED IN AND THE RESERVE AND AND ADDRESS OF THE PERSON OF THE PERSO Land Madrie C. Francis Charles Contra Willey Allen x TAMEL The state of the first county the till the

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14547

14511

1. PLACE OF DEATH 6. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marvla)	b. COUNTY	on: Residence before admission) Vashington
	Life	c. CITY OR TOWN (IF our Rural (We	tside corporote limits, write RU verton)	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street ad OR INSTITUTION RESIDENCE	dress)	AFD#1, Kno	xville, Md.	e. IS RESIDENCE ON A FARM? YES NO PA
3. NAME OF First DECEASED (Type or print) JOSEPH	Middle ELMER	Lost HIMES	4. DATE Mont OF DEATH December	
5. SEX 6. COLOR OR RACE 7. MARRIEI White WIDOWED	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH Oct. 31, 1891	9. AGE (In years last birthday) 70 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired) Merchant 13. FATHER'S NAME	nd of Business or Indu	Sandy Hoo	k, Md.	12. CITIZEN OF WHAT COUNTRY?
Samuel Himes		Annie P	ierce	
(Yes, no, or unknown) (If yes, give war or dates of service)	7-30-5681	RFD# 1, Kn	H. Himes Addro	
18. CAUSE OF DEATH [Enter only one couse per line] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate couse (a), stating the under: DUE TO DUE TO	(a), (b), ond (c).]	9 weeps	RNOW	INTERVAL BETWEEN ONSET AND DEATH
lying couse lost. (c)	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVI	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED 2,-YES NO 1
	ibe how injury occurre	D. (Enter noture of injury in P	art I or Port II of item 18.)	
Haur a.m. While		ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)		(County) (State
21. I certify that (I) (this aspital) attenders saw the decreased alive a			,	d an the date stated above.
22a. SIGNATURE NAVIO	7	M.D. ATTENDING ME PHYS. DIR 22d. ADDRESS	D. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Ruitt	22d. ADDRESS	SEANSMIC	of Ma.
REMOVAL (Specify)	23c. NAME OF CEMETERY CO.		23d. LOCATION (City, town, o	
24. PUNERAL DIRECTOR'S SIGNATURE LONGING Cachles	Harpers Fe	25a. REC'D	BY REGISTRAR 256, REGIS	STRAR'S SIGNATURE

AND RESERVED AND R Long remoder 2 1 your War

VS A15 (4) 15M 9/55

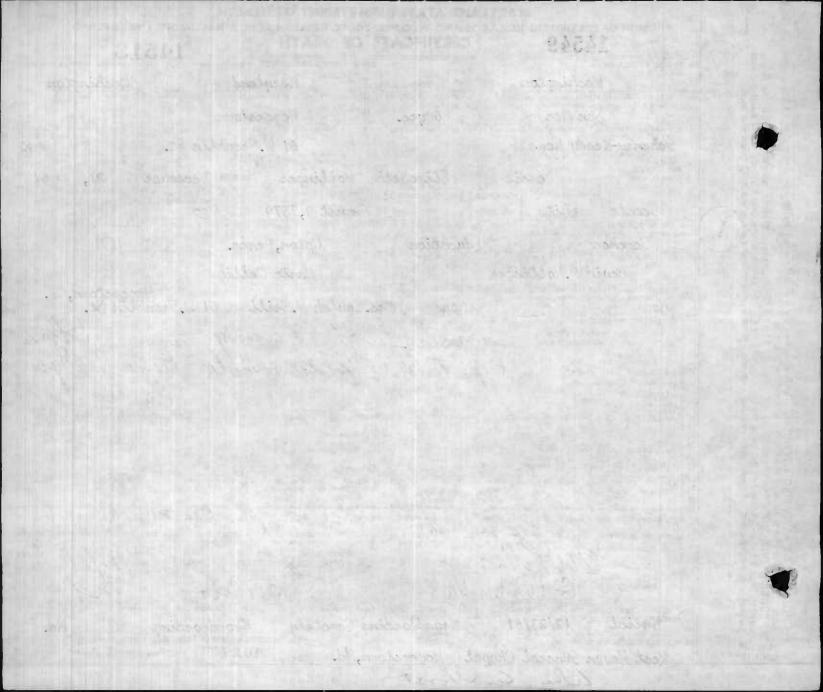
		MARY	AND	STATE DEPART	MENT OF H	IEALTH	I-BAL	TIMORE, 1	8		
		1/5/	0	CERTIFIC	ATE OF I	DEATH	1		Reg. Dis	t. N5./1 C	540
1. 6	LACE OF DEATH	shington	3	MARYLAND	a. STATE	DENCE (What		d lived. If institution b. COUNTY		e before odm	
b	. CITY OR TOWN (I	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 18				rate limits, write R			
	Sandy	Hook		40 years		indy I	Hook				
C		ral (If not in hospitol, g Residence		oddress)	RFD#1,		xvill	e, Md.		ON	RESIDENCE A FARM?
[PAME OF DECEASED Type or print)	LEONARD	st	Middle KILHAM	HOFFMAN		4. DATE OF DEATH	Decembe		Day	Yeor 1961
5. S	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years lost birthday)			NDER 24 HRS.
	ale	White	WIDOWE	treat terms	Sept.27	, 190		55 yrs.		Days Hou	
-	anting most of work	ON (Give kind of work of king life, even if retired		KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPI	LACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF WH	AT COUNTRY
	ATHER'S NAME		G	en. Mdse.		у Но		ld.		USA	
13. 1		Marion H	offm	ian	14. MOTHER'S			- TZ-11.			
15 1		R IN U. S. ARMED FOR			DETT	na R	osann	a Kilha			
(Yes	no. or unknown)	1925-1937	ervice)	77-16-9305	. INTOXMANT	Mrs.	Rose		fman		
				ne for (a), (b), and (c).]	R.F.D.	# 1,	Knox	ville,	Mary:	THIERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	/	Acute Myoca	ndial Tr	ifarc	tion			ONSET AN	ND DEATH
	43	DUE TO		Care Tivoca	LUIGI II	Harc	V1.011			10	min.
	Conditions, if a	ny, which) (b		Coronary In	sufficie	encv				170	yrs.
	gave rise to it cause (a), stating	mmediate (and the same of th		,,,	201			2114	1200
	lying cause last.	(c	A	rterioscle	rosis		- 1-3		3	10	yrs.
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WA PER YES	RFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	of injury in P	art I or Par	t II of item 18.)			
MEDICAL	Pour a. s., P. m.	Y Month, Day, Yeo	While of worl	Not while	PLACE OF INJURY (factory, street, office	Home, farm, e bldg., etc.	20f. (City	or town)	(C	ounty)	(State)
	21. I certify th	at I attended the	decease	ed fram Oct. 25	, 19.6]	., to_D	ec. 2	<u>8</u> , 1961	that I le	ast saw th	e deceased
	alive on De	c. 28	_, 12	61_, and that dea	th accurred at	12:30	M, fron	n the causes a	nd an th	e date sta	ated abave
		2 N	X				ADDRESS (St	reet, city or town,			DATE SIGNED
	SIGNATURE			100	M.D. Gl	m Sp	ring.	Hollow		12	-29-6
	PHYSICIAN'S NAME (Type) C	.T. Byron	Kac	M.D.	Br	unsw	ick,	Md.		~	
220.	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	TION (City, town, o	r county)	(5)	tate)
	urial	12/30/6			rial Par			s Churc		rgin	ia
23	LONALS	Signature	/	Appress Pers		24a. REC'E	8Y REGIST		TRAR'S SIGI		

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14549 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington by the and 2 seedle MARYLAND Washington c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) San Mar Hagerstown Urso d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Fahrney-Keedy Home W. Franklin St. YES NO K papers. n 72 hor completely 3. NAME OF Middle DECEASED OF Elizabeth Hollinger DEATH 1)ensie December (Type or print) 19 and comp carbon pa pt, within 7 B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Temale. WIDOWED [August 9, 1879 DIVORCED certificate 1De. USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY ease remove done during most of working life, even if retired) Upton, Penna.

14. MOTHER'S MAIDEN NAME Education Jeacher 13. FATHER'S NAME death ng David H. Hollinger Annie Oellia a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT W. Franklin St. (Yas, no, pr unkown) | (If yes give war or detes of servica Mrs. Beuloh No None 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] ONSEDANO DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed has been signed he burial-transit DUE TO geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate PERFORMED? as NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING <u>.</u> OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL After 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work may be retain DIRECTOR: 2 196. , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) HOSF ector, filed death. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. 0.50 Broadfording Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DEC 2 7 '61 Million S. Thank Rest Haven Funeral Chapel 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



after		ineral	plnor	(-
hours		the fu	d 2 sl	ath/	,
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within	1	d ir	Sages	ours afte	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Fe 4 may be retained by the hospital or attending physician.	s mpletely	papers.	72 ho	
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death		ding ;	please	ui pue	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14550 CERTIFICATE OF DEATH

14514

1. PLACE OF DEAT.											
a. COUNTY	Н			2	. USUAL RES	SIDENCE (V	Vhara dece			sidanca baf	ora admission)
Was	shington		MARY	LAND	a. STATE	Marvla	he	b. COUN		shingt	on
b. CITY OR TOWN	(if outsida corporate lim	iits,	c. LENGTH OF STA	AY IN 1b	c. CITY OR T			ta limits, write			
	d giva naarast town)		0.7		11						
Rural Smit	nsburg	4	21 yrs	•		ural	Smith	sburg			
d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hos	pital, give street addr	ess)	d. STREET AD	DRESS					S RESIDENCE ON A FARM?
3. NAME OF DECEASED	First		Middle		Last		DATE	Month	1	Day	Yaar
(Typa or print)	Leli		Bowser		ver		DEATH	Dec.	14		1961
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 8. C	ATE OF BIRTH		9. A	GE (In years	IF UNDER 1 Y		IDER 24 HRS.
Female	White	WIDOWE			t. 28,	1888		73 yrs.	Months D	ays Hou	rs Min.
10a. USUAL OCCUPA	TION (Giva kind of wor	k 10b. K	IND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE	(County & S	state, or for	eign country)	12. CITIZ	EN OF WH	AT COUNTRY
	orking life, aven if retire	ed)			27 -1.1.						
Housew:	116			1.9	Washi:	ngton (10., 1	1d.		J.S.A.	
is. TATHER S NAME				12	. MOTHER'S M	AIDEN NAME					
Samuel 1					Marv	Bowse	r				
15. WAS DECEASED EN	VER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	O. 17. INF	ORMANT			Address			
No	il yasgiya wai ol qalasoi.	sarvice)		Mr.	John H.	Hoove	r Sr	nithah	urg #2	Md	
	DEATH [Enter only one	e causa par l	ine for (a), (b), and (c		oomi m.	110046.		IT OITS O	mg ma	INTERVA	BETWEEN
	TH WAS CAUSED BY.				17.					ONSET A	ND DEATH
1 , ,	IMMEDIATE CAUSE (a)	Cei	repred Th	moning	sis					0 11	rg.
1 43	DUE TO										
Conditions, if an	y, which) (b)	1 Ge	ieralize	3 Ante	pringel	arosi	q			170	7 3 63
gave risa to immed	liate causa			plane a recruitin tilly assessed dealers ha							-
(a), stating the u	Indanying										
couse last.) (c)		ITRIBUTING TO DEAT	TI DUIT NOT I	FLATED TO THE	TERMINIAL D	107.407.00	AIDITION CIV	FALIAL DARES		C ALITOREY
DARTH OTHE		IIIONS CON	TRIBUTING TO DEAT	- BOI NOI K	ELATED TO THE	IERMINAL D	ISEASE CO	NDITION GIV	EN IN PAKI I		RFORMED?
PART II. OTHE	K SIGNIFICANT COND									YES [NO [
PART II. OTHE	K SIGNIFICANT COND										
200. ACCIDENT WORK OR CONTRIBUTING	AS UNDERLYING CALL CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY	OCCURED. (E	nter natura of in	jury in Part I	or Part II of	itam 18.)			
20a. ACCIDENT WOR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH / MEDICAL EXAMINER)		CRIBE HOW INJURY	20e. PLACE	OF INJURY (Hor	me, farm, † 20	or Part II of		(Count	(y)	(Stata)
20a. ACCIDENT WOR CONTRIBUTING	VAS UNDERLYING ☐ G☐ CAUSE OF DEATH V MEDICAL EXAMINER) URY Month, Day, Ye	ear 20d. While	INJURY OCCURRED	20e. PLACE		me, farm, † 20			(Count	у)	(Stata)
20s. ACCIDENT WORK OF CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUING O	('AS UNDERLYING ☐ G ☐ CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Ye	ear 20d. While	INJURY OCCURRED Not While k at work	20e. PLACE factory	OF INJURY (Hor , streat, offica blo	me, farm, 20	Of. (City or	town)			
20a. ACCIDENT WORK OR CONTRIBUTING (IF EITHER, NOTIFY LOCAL TIME OF INJUING HOUR a.m. p.m.	VAS UNDERLYING ☐ G☐ CAUSE OF DEATH V MEDICAL EXAMINER) URY Month, Day, Ye	ear 20d. While at wor	Not While k at work ded the decease	20e. PLACE factory	OF INJURY (Hor, streat, office blo	mo, farm, 20dg., atc.)	of. (City or	town)	, 19.5	J, that (l) (we) las
20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUING Hour a.m. p.m. 21. I certify	('AS UNDERLYING ☐ G ☐ CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Ye	ear 20d. While at wor	INJURY OCCURRED Not While k at work	20e. PLACE factory	OF INJURY (Hor, streat, office blo	mo, farm, 20dg., atc.)	of. (City or	town)	, 19.5	J, that (l) (we) las
20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUING Hour a.m. p.m. 21. I certify	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; URY Month, Day, Ye that (I) (this hosp	ear 20d. While at wor	Not While k at work ded the decease	20e. PLACE factory	OF INJURY (Hor , streat, office blo)=19= eath occured	ne, farm, 20 dg., atc.)	of. (City or	lown)	, 19.5	J, that (l) (we) las
20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY LOUGH A.m., p.m., 21. I certify saw the decea 22a. SIGNATURE	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; URY Month, Day, Ye 19 that (I) (this hospi	ear 20d. While at wor	Not While k at work ded the decease	20e. PLACE factory	OF INJURY (Hor street, office blooms)	me, farm, 20 dg., atc.)	of. (City or	town) he causes	, 19.5	J, that (l) (we) las
20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU- Hour a.m. p.m. 21. I certify saw the decea 22a. SIGNATURE	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; URY Month, Day, Ye 19 that (I) (this hospised alive on]	ear 20d. While at wor	Not While k at work ded the decease	20e. PLACE factory	OF INJURY (Hor, streat, office blooming) — L — — — — — — — — — — — — — — — — —	me, farm, 20 dg., atc.) 19 at	of. (City or	lown)	, 19.5	J, that (l) (we) las
20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUING 1. I certify saw the decea 22a. SIGNATURE	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Ye that (I) (this hospised alive on	20d. While at wor ital) atten	INJURY OCCURRED Not While at work ded the decease	20e. PLACE factory d from. 1.0. M.D.	OF INJURY (Hor, streat, office blooming attending PHYS.	me, farm, 20dg., atc.)	of. (City or), to], from t	lown) A causes STAFF PHYS.	, 19 5 and on th	J, that (l) (we) las
20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJI Hour a.m. p.m. 21. I certify saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	AS UNDERLYING CALL CAUSE OF DEATH A MEDICAL EXAMINER) URY Month, Day, Ye 19 that (I) (this hospi sed alive on	20d. While at wor ital) atten 2-14.	injury occurred Not While at work ded the decease 19 1, a	20e. PLACE factory d from. I (OF INJURY (Hor, streat, office bloomer) ath occured ATTENDING PHYS. [22d. ADDRES	me, farm, 20 dg., atc.) 1950 at MED. DIRECT SS	of. (City or), to], from t	lown) 2-14- he causes STAFF PHYS. 14-1/1	, 19.5 and on th	d, that (e date si	i) (we) las aied above 22b. DATE SIGNED
20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT A.M. p.m. 21. I certify saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER URY Month, Day, Ye that (I) (this hospi sed alive on	20d. While at wor ital) atten 2-14.	INJURY OCCURRED Not While at work ded the decease	20e. PLACE factory d from. I (OF INJURY (Hor, streat, office bloomer) ath occured ATTENDING PHYS. [22d. ADDRES	me, farm, 20 dg., atc.) 1950 at MED. DIRECT SS	of. (City or), to], from t	lown) 2-14- he causes STAFF PHYS. 14-1/1	, 19 5 and on th	d, that (e date si	l) (we) las
20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY LOUR a.m., p.m. 21. I certify saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	AS UNDERLYING CALES OF DEATH MEDICAL EXAMINER) URY Month, Day, Ye 19 that (I) (this hospised alive on	20d. While at wor ital) atten 2-14.	injury occurred Not While at work ded the decease 19 1, a	20e. PLACE factory d from. 1.0 M.D. EMETERY OR	OF INJURY (Hor, streat, office bloomer) ath occured ATTENDING PHYS. [22d. ADDRES	me, farm, 20 dg., atc.) 20 dg., atc.) MED. DIRECT	of, (City or], to], from t	lown) 2 1 4 m he causes STAFF PHYS. ON (City, tox	and on th	J, that (e date st	i) (we) las aied above 22b. DATE SIGNED
20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY LOOK THE OF INJUDICAL PROPERTY OF THE PROPE	AS UNDERLYING CALES OF DEATH MEDICAL EXAMINER) URY Month, Day, Ye 19 that (I) (this hospised alive on	20d. While at wor ital) atten 2-14.	INJURY OCCURRED Not While at work ded the decease 19.61, a	20e. PLACE factory d from. 1.0 M.D. EMETERY OR	OF INJURY (Hor, streat, office blooming phys. 22d. ADDRES CREMATORY	me, farm, 20dg., atc.) 19 Constant American Med. Direct St. 23d	of. (City or), from to	town) 2	, 19.5 and on th	J, that (e date si	i) (we) las aied above 22b. DATE SIGNED
20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY POWER PROPERTY POWER P	AS UNDERLYING CALES OF DEATH MEDICAL EXAMINER) URY Month, Day, Ye 19 that (I) (this hospised alive on	20d. While all wor ital) atten 2-14. F. He REOF	Not While A twork	20e. PLACE factory d from. 1.0 m.D. EMETERY OR	OF INJURY (Hor, streat, office bloom, streat, office bloom) ath occured ATTENDING PHYS. 22d. ADDRES CREMATORY	me, farm, 20dg., atc.) 19 Constant American Med. Direct St. 23d	or Corner or Cor	he causes STAFF PHYS. ON (City, tov	and on the	d, that (e date st	i) (we) las aied above 22b. DATE SIGNED

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Mr. John H. Hogyer Saithabaye #2. MR.

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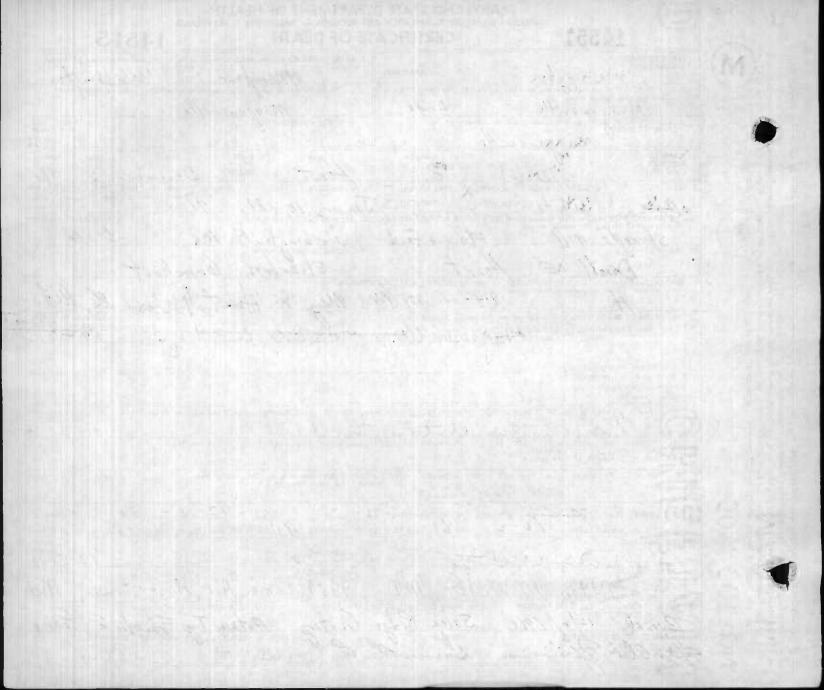
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14551

14515

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Washing to a MARYLAND	O. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside coporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Mauganswille Light	1 Maugausuille
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ☐ NO ☑
THU GANS ON THE	
3. NAME OF DECEASED First Middle	4. DATE Month Day Yeor
(Type or print) Dahle B	Horst December 2 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min
Male White WIDOWED DIVORCED	January 10, 1890 71 yrs.
10a. USÚAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDL during most of working life, even if retired)	JSTRY 11. BIRZ PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Stirallo Mill Flags 1 God	Which to P MJ USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Doil E Heat	Flizibet R. L. L
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes. no, or unknown) V(If yes, give wor or dates of service)	as the second of the second
214-09-6379 18	5. May W. Houst Margarelle Mel.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (0) Aural Oster Colon	CARRIAGIA. Erophouse 14 month
DUE TO	
150	
Conditions, if ony, which gove rise to immediate (b)	
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	7 YES NO 14
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
Hour o.m. While Not while fc p.m. 19 of work of work	octory, street, office bldg., etc.)
	(2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	12-5- 1960 to 12-2-, 1961, that (1) (we) last
	death accurred at $7f$, M , from the causes and an the date stated above.
220. SIGNATURE	ATTENDING MED STAFF SIGNED
Dichary With	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 12-5-61
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dalton M. Welter M.D.	998 Potomac Ave. Hagerstown. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 12/6/1961 Saloh Rida	P.A. Abut E. I. P. F.
24. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	Cherry Milh Co Market Contains
ADDITION ADDITIONS	DESO. REC'D BY REGISTRAR (ASD. REGISTRAR'S SIGNATURE
Wastel M. Zemmenon Steencast	0, 9 DATE DEC 7 61 Circher S. Thrus



TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If A may be retained by the hospital or attending physician.

Yes TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

AAADVIAND CTATE DEDART	MENIT OF	MEALTH
MARYLAND STATE DEPART	MENI OF	DEALLD

	MAKILAND STATE DI	EPAKIMENI OF	REALIR	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
14552		E OF DEATH		
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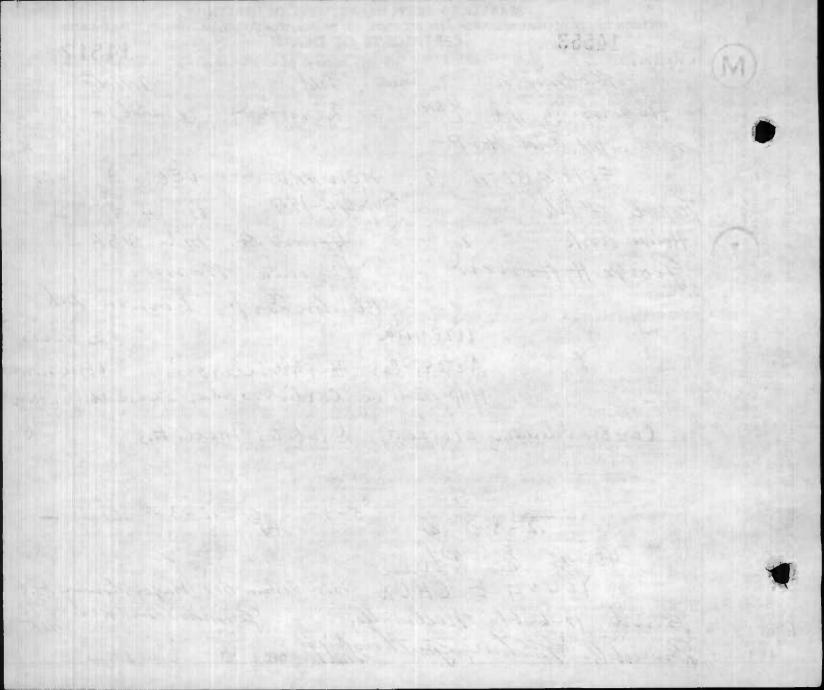
	4515
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admiss
WASHINGTON MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SHARPS BURG 30 YEARS	X STARPS BUKG
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva streat address)	d. STREET ADDRESS
205 04100110 CT	JAS CHADILINI ST. VES NO
3. NAME OF CHAPLIN ST.	Last 4. DATE Month Day Year
DECEASED (Type or print)	OF
ACNES E, HOUSE	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H lest birthdey) Months Days Hours Mi
HEMALE WHITE WIDOWED DIVORCED	SEPTEMBER - 17 1907- 54 2 16 Hours Mi
10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN
done during most of working life, even if retired)	V-50 mis many Charles Charles
HODSEKISEPER DWN HOME	KEE DUSVILLE WASH, COMD. 4.S.A.
~ 0	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	BERTHA JONES
Yas, no, or unkown) (Hyesgivawarordatesofservica)	INFORMANT Address
NONE E	ARL R. HOUSER SHARPSBURG MD.
18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY thr	ombosis. Onser and Death
1400	
DUE TO Aterioscler	otic heart disease 5 Yr.
Conditions, if any, which gave rise to immediate cause (b)	
(e), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED
Š	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N E 208. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Entar natura of injury in Pert I or Pert II of itam 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State betory, street, office bldg., atc.)
p.m. 19 ef work at work	
21. I certify that (I) (this hospital) attended the deceased from	1958 19 to 12/2/61 19 that (I) (we)
saw the deceased alive on 11/30/61. and the	at death occured A.M., from the causes and on the date stated ab
22a. SIGNATURE A	22b, DA
11/201/2 11. (SAA JAN)	ATTENDING MED. STAFF SIG
2 PHYSICIAN'S	M.D. PHYS. ADDRESS
NAME (Type) Walter H. Shealy M. D.	Sharpsburg, Md. 12/4/6
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CENETER)	2
13 ORIAL DEC. 6. 1961 MOUNTAIN VI	EW CEMETERY SHARPSBURG WASH. CO. MD
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
lebu to Bust BOONSBORD	MD DATE DEC 13'61 Orthur S. Kraus
	The property of the comment of the c

May attend to the state of the Coronery thromposis wild a same side of the same and the same an Telegration of the land of the contraction of the land and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14553 CERTIFICATE OF DEATH

ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	a. COUNTY Markington MARYLAND	a. STATE b. COUNTY VIIING
-	b. CITY OR TOWN (if outside, corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give peacest town)	Dirwood (Prural) - 15x.2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE
	west, hel State Hosp -	ON A FARMY YES NO X
=	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Typa or print) ELIZABETH R. +	TOWARD DEATH DEC 3 1961
-	5. SEX 6. COLOBFOR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Fresholo While WIDOWED DIVORCED I	willy 4-1900 - last birthday) Months Days Hours Min.
7	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	Hound B mel USA.
-	13. FATHERY'S NAME	14. MATHER'S MAIDEN NAME
	Gento H Howard	Lanema Warner -
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
	(Yes, no, or unkown) (Ifyas giva war or datas of sarvica)	Winton Sout - Terwood hed
=	18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), and (c)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Wemia	2 We e.Ks
	443 8 0115 10	
	Conditions, if any, which (b) Arteriolar	nephrosclerosis unknows
	gava rise to immediata causa	
	(a), stating the underlying Source last.	e Cardio vascular disease un known
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Cerobro vascular accident	Diabetes mellitus YES NO IN
	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Part I or Part II of Itam 18.)
	OR CONTRIBUTING CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work	ory, street, offica bldg., etc.)
	21. I certify that (I) (this boarded) attended the deceased from	5-3- 196/ to 12-3- 196/ that (1) (a) last
		death occured at
	22a. SIGNATURE, /	22b. DATE
	Houng & Ct. M	ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
1	22c. PHYSICIANYS	22d. ADDRESS
	NAME (TYPA) YOUNG E. CHUN	1500 Penn Are Hagertown Fel.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF. 23c. NAME OF GEMETERY	CREMATORY 230. SOCATION (City, town or county) Paral (State)
	Berra 12-6-61 nellstil	le. fermantoni vi nil-
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRESS,	A REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Fruest 6 - Fartur Guin	Mal DATEDEC 6 '61 Chilling S. Kraus



TO HOSPITAS, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Part is may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The plant 2 should be till be been of the plant of the please that within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14551
CERTIFICATE OF DEATH

14554	CERTIFICATI	OF DEATH	1/15/10
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived	If institution: Residence before admission)
. COUNTY Washington	MARYLAND	a. STATE Georga b. co	Fulton V
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, v	
write RURAL and give neerest town) Hagers town	45 vrs.	Atlanta	169 x.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	. IS RESIDENCE
1311 Hamilton Blvd.		81 Sheridan Drive	N.E. ON A FARM?
3. NAME OF First	Middle	Last 4. DATE M	onth Day Year
	SCOMB JOHN	SON DEATH Dece	ember 22 19 61
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In ye last birthda	ars IF UNDER 1 YEAR IF UNDER 24 HRS. Y) Months Days Hours Min.
Female White WIDOWE	DIVORCED N	ovember 1,1870 91 yrs	Monnis Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign county	12. CITIZEN OF WHAT COUNTRY?
	n Home	Gaffney, Cherokee Co.	S.C. USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Edward Lipscomb		Melissa Littlejoh	ın
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	ress
NO	None Mrs	Helen Harris, 1311 Ha	waryland.
18. CAUSE OF DEATH [Enter only one cause pgr	ine for (a), (b), and (c)	meten matrix, roll me	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	15.	1	ONSET AND DE TH
IMMEDIATE CAUSE (a)	was my	eun -	3 day
DUE TO	1		
Conditions, if any, which (b)			
(a), stating the undarlying DUE TO			
causa last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
3 unengoleran	e want d	sease.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in Part I or Part II of item 18.)	
	INJURY OCCURRED 2Da. PLA	CE OF INJURY (Homa, farm, : 2Df. (City or town)	(County) (Stata)
Hour a.m. While	Not Whila fact	ory, straat, office bldg., etc.)	
p.m. 19 at wor	k at work	3 1. Com 57 MM	<i>E</i> 1.1
21. I certify that (I) (this hospital) aften		11 % (24.50)	, 192.(, that (I) (we) last
saw the deceased alive on		death occured at	
22a. SIGNATURE		ATTENDING MED. STAFF	22b. DATE SIGNED
Mugas 1	Mary M	.D. PHYS. DIRECTOR PHYS.	23,00c/6
22d PHYSICIAN'S NAME (Type)		22d. ADDRESS	H M=
	NF RD	1135 POTOMAC AVENUE	HAGERSTOWN, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City)	town or county) (Stata)
Burial 12/26/61	West Spring	s Cemetery West Sprin	igs Union Co S C
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	3.0	DATEDEC 2 7 '61	Tunhur S. Kraus
Andrew K. Coffman, Hag	reratown Mar	yland.	20, 100000

. Fil Establish life. TO THE PERSON OF Vino injetimi 2 straps articionalistic heart discour. 26 Gay 3. मेरे 18 क्रिंट 61 Pilling [Builing 23, De 61 AND TO LEE TO SELECT TO SE

please exe-	4 shauld be		, crematian,
necessary,	ar. Page		to burial
DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe-	funeral direct	ir your files	FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar if to burial, crematian,
er death. If	and 3 to the	e retained fa	d 2 with the
24 hours offe	Pages 1, 2, c	age 5 may b	e poges 1 an
tuted within	m 18. Give	arm P.M3. P	permit. Fil
auld be exec	pencil in Ite	lang with fo	burial-transit
ertificate sh	ending" in	er's Office o	e used as a
INER: This c	the ward "p	ical Examin	3 shauld b
CAL EXAM	te, writing	Chief Med	CTOR: Page
JTY MEDIC	Do Ico	de. o the	ERAL DIRE
DEP	ute th	OFWOI	FUN

VS. A15ME(5) 5M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
	14555MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9
=		K
	2 HEISAL RESIDENCE OUT. J. J. J. L.	A*

		7.4009			- CERTIFICA			Reg. 1	Dist. Ne	-45	00
	CE OF DEATH				2. USUAL RESIDENCE (ore odm	sion)
WE	shingt			MARYLAND	"Marylan	"Maryland Washing to:					
b. CI	nd give necrest town	outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
	nagers	town		D.O.A.	03 Hage	rstown					
d. N			(If not in hos	pital, give street oddress)	d. STREET ADDRESS					e. IS R	A FARM?
	Wash C	ounty wa	pital		57 West	Frankli	ln St				NE
	AE OF	Fi	rst	Middle	Lasi	4. DATE	Month	- 00	Doy		ear
	or print)	CHARL			JONES	OF DEATH Dec		r 22	19	PT 1	9
5. SEX		1			B. DATE OF BIRTH	9. AG	E (In years birthday)	Months	Doys	Hours	ER 24 HRS.
	iale	White	WIDOWED	- L T	ov 18 1914	47					
10a. US dyrin	UAL OCCUPATION g_most of working	g life, even if retired)		CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country		12. CI	TIZEN O	F WHAT	COUNTRY?
	borer	Ha	gerst	own Street	Dep t Quinoy	Penr	na		USA		
13. FAT	HER'S NAME				14. MOTHER'S MAIDEN						
	Hunter					Coffee					
(Yes, no.	pr unknown)	R IN U. S. ARMED FO	service)		NFORMANT		Address				
Ye		W.W.#			elen L. Jo	nes 57 W	. Fr	ankl		St	
18.		H [Enler only one co	Hage	rstown l	Id.		INTER	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hope a figure of Conceptus									uel	
	32212 DUE TO OO OO										
	nditions, if or re rise to immed		41	cololic I	4 foxice for	ou			3.	-41	u.
(0)	, stoling the u										
	ase lost.) (c		ALITAIRUTIA IO TO DELTII ALITA							
SATION	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Helmanhage who S'ternul + Clavicular liea & of 1 to Stewards (Yes - NO)										
CERTIFICATION CALL	EXTERNAL CAU MARY OF CON USE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED. (inter nature of injury it Po	rt I or Port II of iten	n 1B.)				
	TIME OF INJUR	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	m, 1 20f. (City or tov	vn)	(Co	unty)	-	(Stole)
WEDICAL WEDICAL	Hour o. m. p. m.	19	While at wo		ory, street, office bldg., etc	:-)			.,		
1		ot I took chorae		emains described abo	ve. held on Autons	v Inspec	tion 🗔	Inqui	ry [c]	and i	find that
], Accident 📑, Sui			rmined c			, una	inia inoi
				1	orde, Frontiered	, ondere	illillica c		7.		
	TUAL	Russ O i	1116	1) XI	M.D. CHIEF MEDICAL E	XAMINER [7]				DATE S	IGNED
	ASSISTANT MEDICAL EXAMINER								/	2/2	1/51
	AMINER'S H	dward W. D	itto 1	11, M. D.	HE DEPUTY MEDICAL	EXAMINER 1			•	1 ~	· [] /
		N, 22b. DATE THEREC	OF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, o	r county)		(Stote	0)
KE/	Burial	12/26/6	31	Rest Haven	Cemetery	Hagerst			Co	Md	
	ERAL DIRECTOR			ADDRESS		D BY REGISTRAR	24b. REGIS	TRAR'S SI	GNATUI		
And	rew K.	Coffman	Hage	rstown Md.	DATE	C 2 7 '61	ai	in 8.	tran	A	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 14558 CERTIFICATE OF DEATH

1. PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If instit	tution: Rasidence before admission)						
Washington	MARYLAND	o. STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (if outside corporate limits, —write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate fimits, write RURAL end give neerest town)							
Hagerstown	3 Weeks	Frederick	1011-2						
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, giva street address)	d. STREET ADDRESS	. IS RESIDENCE						
Western Maryland State Ho	spital	106 East Fourth Street	YES NO TO						
3. NAME OF DECEASED (Type or print)	Leon	TONES OF Month	10 1961						
LODELL		00110	JNDER 1 YEAR IF UNDER 24 HRS.						
Man	RRIED NEVER MARRIED 8	4	onths Deys Hours Min.						
	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	ounty Roads	Hagerstown, Md.	USA						
13. FATHER'S NAME	J	14. MOTHER'S MAIDEN NAME							
Joseph A. Jones		Anna S. Boyer							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng_or unkown) (Ifyasgivewerordetesofservice)	16. SOCIAL SECURITY NO. 17.	NFORMANT Address							
No ((1985) ((1985) (1985) (1985)	Unk Mrs	. Annabelle Jones (Same as	item #2)						
18. CAUSE OF DEATH [Enter only one ceuse :			INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: LOBULAR PNEUMONIA									
581.0 DUE TO	581.0 DUE TO								
Conditions, if eny, which \ (b) HEPatic Coma 2 day									
gave rise to immediate ceuse									
(e), steting the underlying DUE TO	cirphosis of	Linep.	7 months						
(c)	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I							
a Panarcatitis	a Not vioceas	*	PERFORMED? YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF PART II. OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT C	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Pert II of item 18.)							
Hour a.m.	hila Not While fact	CE OF INJURY (Home, ferm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)						
\$ p.m. 19 er	work et work	No. = 21	11						
21. I certify that (I) (this hospital) at		NOV 9/ 1961, to DOC. 10	, 19.6 t, that (I) (we) las						
saw the deceased alive on D.c.	219.6, and that	death occured ar	d on the dale stated above						
22a. SIGNATURE	0	ATTENDING MED. STAFF	22b. DATE SIGNED						
Victier	C. Famas, N	.D. PHYS. DIRECTOR PHYS.	Dec, 11/1961						
22c. PHYSICIAN'S	Ramos, m.D	22d. ADDRESS Western maista Hagerstown, n	to Hospital						
	23c. NAME OF CEMETERY								
23e. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 12-14-61	Rocky Springs	Cemetery Nr. Frederick							
24 FUNERAL DIRECTOR'S SIGNATURE GLOSSE	A Smaller	25e. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE						
24 FUNERAL DIRECTOR'S SIGNATURE GAMES M. R. Etchison & Son, F	rederick, Maryla	ind DATE DEC 13'61 Out	hur & Kraus						
		DAIL DESCRIPTION	2, 10000						

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FOR STATE please electre the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the said director, Page 24 should be forwarded to the Chief Medicel Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 4 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MADVIAND STATE DEDADTMENT OF HEALTH

man I	LAND SIATE DEPARTMENT OF REALTH	
Division of STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
14557 MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	14523
ACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If inst	tution: Residence before ac

1	PLACE OF DEATH COUNTY		2.		ICE (Where deceesed lived, If it		nce before adn	nission)		
۱	Washingt	on Maryl	AND	o. STATE Mar	vland b. COUNT	77 2 4	ngton			
1	b. CITY OR TOWN (if outside corpore write RURAL end give neerest low Hagerstown	ete limits, c. LENGTH OF STAY		agersto	(If outside corporete limits, write					
		TION (if not in hospital, give street eddres		d. STREET ADDRESS			e. IS RESII			
	Washington Coun				r Street		YES N	FARM?		
	3. NAME OF DECEASED (Type or print) Willi			es Bes	4. DATE Month OF DEATH Dec.	18	19 6	1		
	5. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED	B. DA	TE OF BIRTH	9. AGE (In yeers					
	Male White	WIDOWED DIVORCED	□ Ar	oril 20	1888 73 yrs.	Menths 294	Hours	Min.		
	10a. USUAL OCCUPATION (Give kind of done during most of working life, even in		NDUSTRY 1	I. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT CO	UNTRY?		
1	Conductor	Pa. R. R.		Near Mar	tinsburg W.	Va U.S.	A			
	13. FATHER'S NAME		14.	MOTHER'S MAIDEN						
	James Hentzel	L Kees		Sarah A	nn Kendrick					
	15. WAS DECEASED EVER IN U.S. ARMI (Yes, no, or unkown) (Ifyesgivewerord	ED FORCES? 16. SOCIAL SECURITY NO etes of service) 717-07-9392			330 Litter es Hagerstow	ty Str n Md.	eet			
	18. CAUSE OF DEATH (Enler or	nly one cause per line for (e), (b), end (c).	1				TERVAL BETWE			
		PART I. DEATH WAS CAUSED BY: Hotemia and Acute periculitis de								
	6000 D						1 week			
	Conditions, if eny, which	(b) to che py	elong	plus tis	-					
	geve rise to immediate ceuse (e), stefing the underlying	DUE TO								
	cause last.									
	PART II. OTHER SIGNIFICANT	N IN PART 1(e)	19. WAS AUT							
	3 O Preumon,		YES TO							
	PART II. OTHER SIGNIFICANT OF PUR CHUNCH A STEPRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.								
	20c. TIME OF INJURY Month, D	Dey, Yeer 2Dd. INJURY OCCURRED 2 While Not While 10 et work et work		F INJURY (Home, far itreet, office bldg., et		(County)	(St	ete)		
		arge of the remains described abo	ove, held a	n Autopsy	Inspection I Inquiry	and and	in my opi	nion		
	death resulted from: Natu	aral causes Accident ,	Suicide	, Homicide	Undetermined ma	nner 🗍				
	0 /	0. 0 11		CHIEF MEDICAL	EXAMINER					
	ACTUAL CLUMA	W. SIKA Z	TC.	ASSISTANT ME	DICAL EXAMINER		DATE SIGN	ED		
			Ac	t DEPUTY MEDICA	AL EXAMINER T	12	2/20/61			
	NAME (Type) Edward V	W. Ditto 111, M. D.		Address (Street,	city, town, or county)		0,20,02			
-	22e. BURIAL, CREMATION, 22b. DATE				22d. LOCATION (City, town,	or country)	(Stete)			
	Burial Dec.	22-61 St. Pauls	6 deme		Near Clearsp					
	23. FUNERAL DIRECTOR	1714 M ADDRESS	+ 7		C'D BY REGISTRAR 24b. REGIS					
	When a Lea	of Wellamago	1/11	DATPE	C 2 6 '61 www	w7 8. 7 Erau	A			
			,							

But the later than the where we so motivity april 20 1088 73 " 7 E2 the way of the plant of the La ster .- woods Mas Mass Conductor Conductor the R In the Report of the Rep Ago the it can Brute you was you as use I for the propermaphen tee -C. Philliam . Fix - to them a provide injustingly Shall W. Delle II fiel we was to that we stone of the state of

ier death.

DR. BELL

N. Potennee St.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14524 14524

a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. STATE b. COUNTY
WASHINGTON MARYLAND	AAA TIZIHAND NAKAMINI TIN
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
HACERSTOWN 2 WIERES	d. STREET ADDRESS O. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
WASH, Co. HOSPITAL	1 2225 VIIZCINIA AVE YES NO DE
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) QATHEDAM	DEATH O
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
TENANCE MIDOWED X DIVORCED	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foleign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, avan if retired)	1000 Co. C. M. C. M. C. A.
13. FATHER'S NAME WIFE DWN HOME	14. MOTHER'S MAIDEN HAME
CLOSEPHUS H. WISE	SUSAN CROSS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give war or dates of service)	INFORMANT 1225 VIRCINIA AVE
000	WHANNIE SHADRACH HACERSTOWN MD
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Inf	arction. ONSET AND DEATH 11 days
420.0 DUE TO	11 days
	ic Heart Diasese. Years.
gave rise to immediata cause	
(a), stating the underlying cause last.	
10	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
Q AY	PERFORMED?
None.	YES NO K
None. None or contributing of death but in the contribution of th	ED. (Enter nature of injury in Part I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	ACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Slate)
1001 0.111	ctory, streat, office bldg., etc.)
F	Dec. 4, 1961 to Dec. 15, 1961, that (I) (we) last
	N T
	at death occured at
22e. SIGNATURE A COLOR	ATTENDING MED. STAFF Dec. 18, 1961.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) R.A.Bell, M.D.	119 N. Potomac St. Hagerstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
MEMOVAL (Specify)	
MEMOVAL (Specify)	

dee the pital OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death and be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely thin by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

THE REPORT OF THE PROPERTY OF ALL RUNNINGS OF HIS LINE AND THE RESERVE OF THE PARTY OF remarks and the second of the LET LIKE TO SEE THE PERSON OF THE PERSON OF

dear as may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in party event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14525

1. PLACE OF DEATS	14559			2		ESIDEN	ICE (Whara d	eceased lived, If		Idenca befo	re admission)
	WASHINGTON		MARYLAN	D	a. STATE	MARY	TAND	b. COU	WASHING	CULCULE.	
	if oulsida corporate limits f give neerest town)	,	c. LENGTH OF STAY IN					porate limits, writ			town)
HAGERST	OWN		LTFE		HAGER	STOW	IN 03				
	TAL OR INSTITUTION (if	nol in hosp			d. STREET						RESIDENCE
326 S. P	OTOMAC STREE	ET			326	S.	POTOMA	C STREET			NA FARM?
3. NAME OF DECEASED	First		Middle		Last		4. DATE	Mont	h	Day Y	(ear
(Type or print)	GEORGE	Iğ CL	DEWEY		ARGENT		DEATH	DEC	8		961_
5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B. D	ATE OF BIRTH		5	last birthday)			DER 24 HRS.
MALE	WHTTE	WIDOWE		NO	VEMBER	7 1	898	63 yrs.	Months De	ys Hours	Min.
	ION (Give kind of work		ND OF BUSINESS OR INDI					foreign country)	12. CITIZI	N OF WHA	T COUNTRY?
	orking life, even if retired		TILAME IMPT TW	W.	TIACITY	MOMO	AT REST			TT 63 A	
CLERK 13. FATHER'S NAME		PR	IVATE UTILIT		WASHI					U.S.A	•
				17	. MOTHER 3	MAIDEN	INAME				
	LARGENT					ANN	ETTE	KIRACOFE			
	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	7. INF	ORMANT			Addres			
NO		0-1	-10-4655	MRS.	EDITH	LAR	GENT	HAGERS	TOWN M	ARYT.AN	D
18. CAUSE OF I	EATH [Enter only one	ceuse per li							201121	INTERVAL	BETWEEN
PART I. DEAT	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Sastric Hemorrhage									ONSET AN	inute
1 = 1											
DUE TO CONTRACTOR OF STATE OF									21 2		
Conditions, if any, which governise to immediate couse (b) Carcinoma of stomach									4 1	no t	
(e), steting the u	DITE TO										
cousa last.) (c)_			,							
Z PART II. OTHE	R SIGNIFICANT CONDIT	ONS CON	TRIBUTING TO DEATH BU	T NOT R	ELATED TO TH	IE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1		S AUTOPSY REORMED?
A Do	retorrivo	1/25	culer t	1.5	26.2					YES T	NO NO
E 2De. ACCIDENT W	AS UNDERLYING	2Db. DES	CRIBE HOW INJURY OCC			injury in	Pert I or Pert	ll of item 18.)			
PART II. OTHE OTHER DESCRIPTION PART III. OTHE PART III. OTHE OTHER PART III. OTHER OT	MEDICAL EXAMINER)										
3 20c. TIME OF INJU	JRY Month, Dey, Yae	2Dd. I	NJURY OCCURRED 2De.		OF INJURY (H			y or town)	(Count	y)	(State)
20c. TIME OF INJU	and the second	While at work		factory	street, office I	oldg., et	c.)				
P.IIII	19						()	Das B	/	/	
			led the deceased from								
saw the decea	sed plive onDR.	C :	196.(, and	that de	eath occure	d at 7.	M. from	n the causes	and on the	e date sta	ated above.
22a. SIGNATURE		1 /	11		ATTENDING		MED.	STAFF	TELETON		22b. DATE SIGNED
Plan	d. R.	//	1/1 min	M.D.	PHYS.		DIRECTOR [PHYS.		12-	9-61
22c. PHYSICIANS		4	11		22d. ADDE						1
NAME (Type	LLOYD A HO	DEPMA	MD		21	4 1	1. P	t chis	t2)	- 77	4
23a. BURIAL. CREMAT	ION, 236. DATE THER	OF	23c. NAME OF CEMET	ERY OR	CREMATORY			ATION (City, to			(Stata)
REMOVAL (Specify			ROSE HILL C						MARYLAN	ID	
24 FUNERAL DIRECTO			ADDRESS	TILITY T		25a PF		TRAR 256, RE			
SUTER"	ROUZERURFUNE	RAL HO	OME ADDRESS					0.7	inthun S.		
			HAGERSTO	WN M	D	DATE	EC 13'				

326 6. 101 nat total ry THE RESIDENCE PROPERTY OF THE 274 -10-1645 mis. which hadren and although the Stewarms Jan 1268

District Talance This capt 1961 il no sues

SPARE LABORATE TRANSPORT A SERVICE

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VR A15 (4) 1SM 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14!	560	EKIIFICATE	OF DEATH		145	26
1. PLACE OF DEATH e. COUNTY			2. USUAL RESIDEN	CE (Where decessed lived,	JNTY	before edmission)
Washington b. CITY OR TOWN (if outside	corporete limits, c.	MARYLAND LENGTH OF STAY IN 1b	c. CITY OR TOWN (frank		eerest town)
Hagerstown		3 Weeks	Greenca	stte R # 3	75	x.3
d. NAME OF HOSPITAL OR IN		give straat address)	d. STREET ADDRESS		10	a. IS RESIDENCE ON A FARM?
	. State Hos	pital	Mason-	Dixon		YES NO
3. NAME OF DECEASED (Type or print)	RTHAFirst MAY	MAY LA	RICK Last RRICK	4. DATE MO DE C		19 6 /
S. SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (în yas last bîrthda)		IF UNDER 24 HRS.
Fenale Wi	nite WIDOWEDOX	DIVORCED _		.885 76 yrs.		
1Da. USUAL OCCUPATION (Give done during most of working life,	even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	ity & Stete, or Preign count		WHAT COUNTRY?
Housewife 13. FATHER'S NAME	Own	Home	Mason-Dix		n Co US	A
	Mat an ab 1 da					
15. WAS DECEASED EVER IN U.S	MCLaughlin ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. I	NFORMANT	Zeller	R#3	
(Yes, no, or unkown) (Ifyesgivev			as V. Lari	dok In Ca	2020001	Do
The state of the s	inter only one cause per line for		as v. Dari	ICK of Gr		RVAL BETWEEN
Conditions, if eny, which	DUE TO (b) IN CAP		INTERNI			4 hours
(a), steting the underlying cause lest.	DUE TO (c) POST O	PERATIVE	PERITON	EAL ADME	SIONS U	NKNOW
PART II. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	IVEN IN PART 1(e) 19	PERFORMED?
PART II. OTHER SIGNIFIC PUL MON BI 2Do. ACCIDENT WAS UNDE OR CONTRIBUTING — CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH		DEMB (Enter natura of injury in	Pert I or Pert II of item 18.)	Y	ES NO
-			CE OF INJURY (Home, farr ory, street, office bldg., etc		(County)	(Stete)
	(this besoital) attended e on 12-22			4		
220. SIGNATURE	. U. Pollag	HD. M	.D. ATTENDING PHYS.	MED. STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) AN	TONIO U. i	PALLAGROS	1 1500 P	enna art		rount
23e. BURIAL, CREMATION, 23E REMOVAL (Specify)	DATE THEREOF 230	. NAME OF CEMETERY		23d, LOCATION (City,		(State)
Burial 12	1-0-1-0-		emetery n	ear Cearfo	s Wash C	o Md
24 FUNERAL DIRECTOR'S SIGNA		ADDRESS	DATE C	2 7 '61		UKE
Andrew K. C	offman Hage	rstown Md.	DATE		Thur S. Kraya	

THE SALE NAMED ASSESSED TO BE SALED TO BE THE PERSON AND THE PE BELL SD IN COUNTY TO A PURE OF THE OWNER OF THE PROPERTY OF THE OWNER OWNER OF THE OWNER OWNE in les min - The mine of the less than the l transmission in a section of a selection of the contract of th 747 アンプライン アングラン アングラン アングラン アンディング アンディング the same of william - man in the THE RESIDENCE OF THE PROPERTY The transfer of the state of th . At most send here to a worker to. y is necessary director. Page for your files. Board of Health please execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the final director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

		STATISTICAL 561 MEI	RESEARCH	AND STATE DI AND RECORDS		N STREET,	BALTIMO	RE 1, MARY	YLAND 27				
X	1. PLACE OF DEAT	H	32 H 13		2. USUAL RESIDEN	ICE (Where dec	eesed lived, If it	nstitution: Resident	e before	dmission)			
	e. COUNTY	WASHINGTO	TAC	MARYLAND	* MARYL AND		b. COUNT	WASHING	TON				
	b. CITY OR TOWN	(if outside corporate lim		LENGTH OF STAY IN 16	c. CITY OR TOWN		ata limits write			(n)			
1	write RURAL end	d give neerest town)			12		oro minis, with	nonne olid give i	1001 101	117			
1	HACERSTO			3 DAYS	03 HAGERSTOW	N							
H	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)				d. STREET ADDRESS				IS RESIDENCE ON A FARM?				
	WASHINGTO	N COUNTY HO	DSPITAL		316 LINGAN	ORE AVE	NUE			NO X			
Н	3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey	Yea				
	(Type or print)	JESSI	R.	NORMAN	LESHER	DEATH	DEC	1.8	19	61			
Н	5. SEX	6. COLOR OR RACE			8. DATE OF BIRTH	19.		IF UNDER 1 YEAR	IF UNDER				
	20170						lest birthdey)	Months Deys	Hours	Min.			
	MALE	WHITE	WIDOWED	DIVORCED	MAY 11 1909	1,,	52 yrs.						
	done during most of wa	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)			KY II. BIKIMPLACE (Stete	RY 11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?			
	BARTENDE			E LODGE	PENNSYLV	U.S	U.S.A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	14. MOTHER'S MAIDEN NAME									
'	TAMES	NORMAN LESI	EDTTH	EDITH MILLER									
	15. WAS DECEASED EV	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
	(Yes, no, or unkown) (ltyesgive weror delesofs	- 1	09-5695 ME	RS. JESSE N L	reuro	U A CHET SITE	OWN MARYI	ANTO				
	NO 1 18. CAUSE OF I	EATH Enter only one			O. SECOND N I	CHAR	ITACIENTO I			WEEN			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH												
	000	(a) IMMEDIATE CAUSE (6) AT DIWENTY /// Acute subdural Hematoma with											
	785X DUE TO brain stem injury 3								3 day	18			
		Conditions, if any, which (b)											
,		gave rise to immediate ceuse DUE TO											
7	(a) signing the c	ndadvina DUE TO	(e), stering the underlying										
	cause lest.	inderlying											
1		(c)		UTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(e) 1	. WAS A	UTOPSY			
1		(c) R SIGNIFICANT CONDI	ITIONS CONTRIB		ot related to the terming 2 - 4 days		ONDITION GIVE		PERFO	UTOPSY PRMED?			
1		R SIGNIFICANT CONDI e myocardi AUSE WAS 2	itions CONTRIB	rction		old	em 18.)	Y	PERFO	RM50?			
,	PART II. OTHER ACUT 20a. EXTERNAL C. PRIMARY O OF CO	e myocardi	itions contribi	ow INJURY OCCURED.	2 - 4 days	old	em 18.)	У	PERFO	RM60?			
1	PART II. OTHER ACUT 20a. EXTERNAL C. PRIMARY O OF CO	R SIGNIFICANT CONDI e myocardi ause was ontributing	itions contributions contribut	ow INJURY OCCURED. to sidewal	2 - 4 days ([Enter neture of injury In Perk during fig ACE OF INJURY (Home, for	old It for Pert II of it ght on m, ; 20f. (City of	om 18.) street	Y	PERFO ES Truc	RM60?			
	PART II. OTHER ACUT 20e. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH. 20c. TIME OF INJU. Hour	R SIGNIFICANT CONDI e myocardi AUSE WAS DNTRIBUTING 2 JRY Month, Dey, Ye	ial infa 20b. DESCRIBE H (nocked 20d. INJUI While	ow INJURY OCCURED. to sidewal RY OCCURRED 200. PL Not While 60	2 - 4 days ([Enter neture of injury In Perk K during fig ACE OF INJURY (Home, forstory, street, office bldg., etc.)	old tior Port II of it ght on m, 20f. (City o	om 18.) street sid	head ewalk (County)	struc	NO CK (Stete)			
	PART II. OTHER ACUT 200. EXTERNAL PRIMARY OF CO CAUSE OF DEATH. 20c. TIME OF INJU Hour 1:15 p.m.	R SIGNIFICANT CONDITION THE MY OCARD AUSE WAS DATRIBUTING 2 JRY Month, Day, Ye Dec. 1619 6	ial infa 20b. DESCRIBE H (nocked par 20d. INJUI While of of work	ow injury occured. to sidewal RY OCCURRED 200. PL Not While of work k	2 - 4 days ([Enter neture of injury In Perk k during fig ACE OF INJURY (Home, forr clory, street, office bldg., etc Sidewalk	old H l or Pert II of ii ght on ", 20f. (City o	em 18.) street sid or town) stown	head ewalk (County) Wash.	struc	NO CK (Stote)			
	PART II. OTHER ACUT 200. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH. 20c. TIME OF INJU- Hour	R SIGNIFICANT CONDI R SIGNIFICANT CONDI MALE WAS DITTIBUTING 2 JRY Month, Dey, Ye Dec. 1619 6 hat I took charge of	itions contribi	ow INJURY OCCURED. to sidewal RY OCCURRED 200. PL Not While of work k described above, h	2 - 4 days ([Enter neture of injury in Perk k during fig ACE OF INJURY (Home, for retory, street, office bldg., etc Sidewalk eld an Autopsy [],	old If lor Pert II of it ght on 1, 20f. (City of it Hager Inspection [em 18.) street sid r town) stown Inquiry	wash.	struc	NO CK (Stote)			
	PART II. OTHER ACUT 200. EXTERNAL PRIMARY OF CO CAUSE OF DEATH. 20c. TIME OF INJU Hour 1:15 p.m.	R SIGNIFICANT CONDI R SIGNIFICANT CONDI MALE WAS DISTRIBUTING 2 P P P Dec. 1619 6 hat I took charge of	itions contribi	ow INJURY OCCURED. to sidewal RY OCCURRED 200. PL Not While of work k described above, h	2 - 4 days ([Enter neture of injury In Perk k during fig ACE OF INJURY (Home, ferr ctory, street, office bldg., etc Sidewalk eld an Autopsy [], cide [], Homicide	old If lor Pert II of it ght on II 20f. (City of III) Hager Inspection [X]. Under	em 18.) street sid or town) stown	wash.	struc	NO CK (Stote)			
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1	PART II. OTHER ACUT 200. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH. 20c. TIME OF INJU- Hour	R SIGNIFICANT CONDI R SIGNIFICANT CONDI MALE WAS DISTRIBUTING 2 P P P Dec. 1619 6 hat I took charge of	itions contribi	ow INJURY OCCURED. to sidewal RY OCCURRED 200. PL Not While of work k described above, h	2 - 4 days ([Enter neture of injury In Perk k during fig ACE OF INJURY (Home, ferr clory, street, office bldg., etc Sidewalk eld an Autopsy [], cide [], Homicide CHIEF MEDICAL	nlor Pert II of it ght on in, 20f. (City of i Hager Inspection [X]. Under	em 18.) street sid or town) stown Inquiry elermined ma	- head ewalk (County) Wash.	struc	Ko Ck (Stete) Md . pinion			
2	PART II. OTHER AC UT 200. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH. 20c. TIME OF INJU Hour 21. I certify fl death resulted ACTUAL SIGNATURE	R SIGNIFICANT CONDI R SIGNIFICANT CONDI MALE WAS DISTRIBUTING 2 P P P Dec. 1619 6 hat I took charge of	itions contribi	ow INJURY OCCURED. to sidewal ry occurred 200. PL Not While et work k described above, h Accident , Suit	2 - 4 days ([Enter neture of injury In Perk k during fig ACE OF INJURY (Home, ferr clory, street, office bldg., etc Sidewalk eld an Autopsy [], cide [], Homicide CHIEF MEDICAL	nlor Perill of inght on in, 20f. (City of inspection [em 18.) street sid or town) stown Inquiry etermined ma	- head ewalk (County) Wash.	performs truck	Ko Ck (Stete) Md . pinion			
2	PART II. OTHER ACUT 200. EXTERNAL C. PRIMARY OF CAUSE OF DEATH. 20c. TIME OF INJU- Hour	R SIGNIFICANT CONDI R SIGNIFICANT CONDI MYOCARD AUSE WAS DITTRIBUTING 2 JRY Month, Dey, Ye Dec. 1619 6 hat I took charge of from: Natural co	itions contribi	ow INJURY OCCURED. to sidewal ry occurred 200. PL Not While et work k described above, h Accident , Suit	2 - 4 days ([Enter neture of injury In Perk k during fig ACE OF INJURY (Home, ferr clory, street, office bldg., etc Sidewalk eld an Autopsy [], cide [], Homicide CHIEF MEDICAL M.D. ASSISTANT MED	old I or Pert II of it ght on II yellow the pert II yell	em 18.) street sid or town) stown Inquiry etermined ma	- head ewalk (County) Wash.	performs truck	Ko Ck (Stete) Md . pinion			
2	PART II. OTHER ACUT 200. EXTERNAL C. PRIMARY OF COCAUSE OF DEATH. 20c. TIME OF INJU- Hour	R SIGNIFICANT CONDI MYOCARD MYOCARD MYOCARD AUSE WAS DITTION THE PROPERTY OF THE PROPERT	itions contribi	ow INJURY OCCURED. to sidewal ry occurred 200. PL Not While et work k described above, h Accident , Suit	2 - 4 days ([Enter neture of injury In Perk k during file ACE OF INURY (Home, fert clory, street, office bldg., etc Sidewalk eld an Autopsy [], cide [], Homicide CHIEF MEDICAL M.D. ASSISTANT MED Address (Street,	old I or Pert II of it ght on II yellow the pert II yell	em 18.) street sid or town stown Inquiry elermined ma	walk (County) Wash.	performs truck	(Stote) AND AND AND AND AND AND AND AN			
2	PART II. OTHER ACUT 200. EXTERNAL C. PRIMARY OF CC CAUSE OF DEATH. 200. TIME OF INJU- Hour	R SIGNIFICANT CONDI R SIGNIFICANT CONDI R MYOCARD MUSE WAS DITTIBUTING 2 P P Dec. 1619 6 hat I took charge of from: Natural car F. W. DTTO DN, 22b. DATE THERE	TR. M.D.	OW INJURY OCCURED. to sidewal RY OCCURRED 200. PL. Not While et work k described above, h Accident . Suite NAME OF CEMETERY O	2 - 4 days ([Enter neture of injury In Perk k during file ACE OF INURY (Home, fert clory, street, office bldg., etc Sidewalk eld an Autopsy [], cide [], Homicide CHIEF MEDICAL M.D. ASSISTANT MED Address (Street,	old If I or Pert II of it ght on II. 20f. (City of inspection [X Undo EXAMINER [City, town, or co	em 18.) street sid or town) stown Inquiry stermined ma	County) Wash. (County) Wash. (County) Wash. (County) Wash. (County) Wash. (County)	structure sign my o	(Stote) Md . pinion NED			
2	PART II. OTHER AC U T 200. EXTERNAL C. PRIMARY OF CC CAUSE OF DEATH. 20c. TIME OF INJU- Hour 1:15 p.m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATIC	R SIGNIFICANT CONDI R SIGNIFICANT CONDI R MYOCARD AUSE WAS DITTION THE MONTH, Dey, Ye Dec. 1619 6 That I took charge of from: Natural car E.W. DITTO DN. 22b. DATE THERE 12/21/65	TR. M.D.	OW INJURY OCCURED. to sidewal RY OCCURRED 200. PL. Not While et work k described above, h Accident . Suite NAME OF CEMETERY O	2 - 4 days ([Enter neture of injury In Perk k during fig ACE OF INJURY (Home, forr ctory, street, office bldg., etc Sidewalk eld an Autopsy, cide, Homicide CHIEF MEDICAL M.D. ASSISTANT MED Address (Street, OR CREMATORY EMETERY	DID TO Port II of it ght on II or Port II of it ght on II of	em 18.) street sid or town) stown Inquiry stermined ma	County) Wash. (County) Wash. (County) Wash. (County) Wash. (County) Wash. (County)	struction my o	(Stote) Md . pinion NED			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 TAFCO

CERTIFICATE OF DEATH

14302				Reg.	Dist. No.	14:	528
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE	ь.	If institution: Resi COUNTY Washing		e admissio	on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown 1 2 years		c. CITY OR TOWN (If ou	tside corporate limi			rest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cemetery St		d. STREET ADDRESS				ON A I	FARM?
DECEASED	Middle aude	Long	4. DATE OF DEATH	Month	Day		eor %7
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER I		DATE OF BIRTH	9. AGE	(In years IF UN	DER 1 YEAR		
	VORCED [Jan 16. 1933	lost	oirthdoy) Mont	hs Days	Hours	Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser Good Wil		RY 11. BIRTHPLACE (State of		12.	CITIZEN O	F WHAT	COUNTRY
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NA				-	
Nelson Long		Lelia					
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	TY NO. 17. IN	FORMANT		Address			
(Yes. no. or unknown) (If yes. give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or	Ray	y Fletcher	Funkst		ld.		
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. CAUSE (a) Acute respir Due to (b) Pan hypopit Due to (c)	tuitaryis	sm				= 2	days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PART I(o) 19	PERFOR	MED?
	URY OCCURRED.	. (Enter noture of injury in Po	ort I or Port II of ite	em 1B.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRING Hour o.m. Hour o.m. 19 While Not while of work of work	Sa nta	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)		(Stote)
		nccurred at 5 145 S. Pros	aM, from the oppress (Street, city spect Str	causes and a y or town, stote) eet		e stated	
	F CEMETERY OR Hebror	CREMATORY 2	Winche	ty, town, or coun	Va.	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hage			BY REGISTRAR	24b. REGISTRAR'S	S SIGNATUR		

VS A1S (4) 1SM 9/S5

			HE WINDS A POST OF
	Carlo (all in the later)		
		delett.	
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		-19(A10)	The part of the second
		-19(A10)	The part of the second

thin 24 hours after TO VSPITE: OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death or attending physician. TO INEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. These 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in my event, within 72 hours after death.

VR A15 (4) 15M 9/60 8

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14563 CERTIFICATE OF DEATH 14530

		1 tow TY] - 020	70/00//=		
1. PLACE OF DEAT	H	Item 4 Film 0304			stitution: Rasidence before admission)
	INGTON	MARYLAND	a. STATE MARYTA	b. COUNT	WASHINGTON
	if outsida corporate limits,	c. LENGTH OF STAY IN 1b		outside corporate limits, write F	
write RURAL and	give nearest town)		12		
HAGERSTOW		19 DAYS	UJ HAGERS	COWN	
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
WASHINGTO	N COUNTY HOSP	TTAL	63 BROADWAY	7	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	JOHN	AMBROSE	MART IN	OF DEATH Dec	, 22, 1961
5. SEX	6. COLOR OR RACE 7. M		DATE OF BIRTH	9. AGE (In years I	F UNDER 1 YEAR IF UNDER 24 HRS.
MALE	WHITE	DOWED A DIVORCED	FEB. 17 1876	85 yrs.	Months Days Hours Min.
10a. USUAL OCCUPA	ION (Give kind of work 1	06. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (CAMPI	y & State, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
*	orking life, aven if retirad)	LINGT DO AT TO THE TOP	F REDERIOR	P DEATHSTEE ABOUT	TT C A
13. FATHER'S NAME	LAIN	WHOLESALE HOWRE	14. MOTHER'S MAIDEN N		U.S.A.
				Committee of the second	
	DAVID MARTIN		MARY H		
	ER IN U.S. ARMED FORCES?		NFORMANT	Address	
NO		214-09-6198 MR	S. C.W. SLEAS	SMAN HAGERSTOWN	MARYTAND
18. CAUSE OF	DEATH [Enter only one cause	par line for (a), (b), and (c).}			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chronic lyn	whatic how	Screen "	6 mo (?1
200			7		011.0
404	DUE TO				
Conditions, if an					
(a), stating that					
cause last.) (c)		The same of the sa		
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
DIE					PERFORMED?
2Da. ACCIDENT W	'AS UNDERLYING 2Db	. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in P	art I or Part II of item 18.)	
OR CONTRIBUTING	CAUSE OF DEATH				
20c. TIME OF INJU			CE OF INJURY (Home, farm, ory, street, office bldg., atc.)		(County) (Stata)
Hour a.m.		While Not While stactor	ory, sireer, office blug., arc.)		
- print	1/	attended the deceased from	1-25	049 . 17.	33 1064 1 1 10 () 1-1
	sed alive on	2-23 19 6 1, and that	death occured at.M.	M, from the causes a	
22a. SIGNATURE	6 41		ATTENDING M	ED. STAFF	22b. DATE SIGNED
	John JT St	om Caket M.		RECTOR PHYS.	12-23-61
22c. PHYSICIAN'S			22d. ADDRESS		
NAME (Type	JOHN H HORN	BAKER M D	154 W WAS	SHINGTON ST. HA	AGERSTOWN MD.
23a. BURIAL CREMAT	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d, LOCATION (City, fowr	n or county) (Stata)
REMOVAL (Specify)				
BURIAL	12/26/61		METERY	HAGERSTOWN D BY REGISTRAR 256, REGI	MARYLAND
24 FUNERAL DIRECTO	K.2 2IGNATUKE	ADDRESS			
SUTER - RO	UZER FUNERAL	HOME HAGERSTOWN I	DATE DE	C 27'61 an	ilus S. Haus

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21-02-52 PRESE C. F. SHEPPER HERPER WATER

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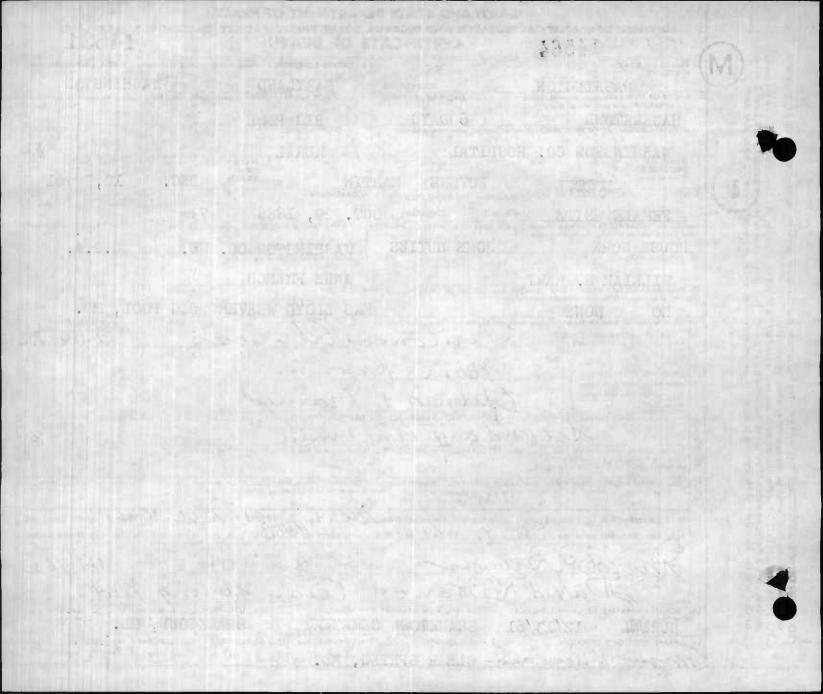
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M	ARYLAND STATE DEPA	RTMENT OF H	IEALTH	
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 30	01 W. PRESTON S	TREET, BALTIMORE	I, MARYLAN
14564	CERTIFICATE	OF DEATH		14531

ı A-	44009							
)	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where decease		Residence	before edm	ission)
1	WASHINGTON	MARYLAND	*. STATE MARYLA	ND	b. COUNTY WAS	HING	TON	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (I					
1	HAGERSTOWN 6	DAYS	BIG P	OOL				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		d. STREET ADDRESS	UUD .			e. IS RESID	
	WASHINGTON CO. HOSPITAL		RURAT					0.4
3	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Dey	Yeer	-11-
	(Type or print) LUVE	ENE MAR	TIN	DEATH	DEC.	10.	1961	
5	. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 8.	DATE OF BIRTH		E (In yeers IF UNDER		IF UNDER 24	
	FEMALE WHITE WIDOWED	DIVORCED O	CT. 29, 18	88	73 yrs. Months	Days	Hours A	Min.
H			11. BIRTHPLACE (Coun	ty & Stete, or foreig	n country) 12. C	TIZEN OF	WHAT COU	JNTRY?
	HOUSE WORK HOME	DUTIES	WASHINGT	ON CO	MD	U.S	Δ	
1.	3. FATHER'S NAME		14. MOTHER'S MAIDEN				• /1.	
	WILLIAM E. HART	I fa factors	ANNE FRE	NCH				
1H C		SECURITY NO. 17. II	VFORMANT		Address			
	NO NONE		MRS LLOYD	WEAVER	BIG POO	L. M	D.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a)	, (b), and (c).]	100				RVAL BETWE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Mone	al Clo	ree	2	2	wee	les
	576 X DUE TO	0						
	Conditions, if any, which \ (b)	ne p	noun,					
	gave rise to immediate cause (e), stating the underlying DUE TO	. 1	0 '	0				
	cause last. (c)	nia +	Dain	eq	Seuliti			
N S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PAI	RT 1(e) 19.	PERFORM	
3	Alconda	4 an	almia			Y.	S NO	M
GRIFICATION	OR CONTRIBUTING CAUSE OF DEATH	WINJURY OCCURED.	(Enter nature of injury in I	Pert I or Pert II of ite	m 18.)			
		CCUIDATE : OO BLAC	or or hillipy (i)	1 000 (61)			151	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY O While Not		CE OF INJURY (Home, farm ry, street, office bldg., etc.		wn) (Co	unty)	(Ste	ite)
MS	p.m. 19 et work at	work		1		, ,		
	21. I certify that (I) (this haspitel) attended the		1/1/	19.6./ 10./	-CC1 10,19	-		
		9.6 end that	death occured av	LAM, from the	causes and on	the dat		
	200. SIGNATURE		access to a		AFF	,	22b. D	IGNED
	22c. PHYSICIAN'S	M.I	22d. ADDRESS	PHECTOR PH	YS.	- 12	711/6	>/_
	NAME (Type) David RDY	ewer	Clear	Spr	ing /	nd		
23		AME OF CEMÉTERY C	R CREMATORY	23d. LOCATION	(City, fown or cour	ity)	(State))
	BURIAL 12/13/61 SHA	ANKTOWN C	EMETERY	SHAN	KTOWN, M	D.		100
24		DDRESS	25a. REC	4	25b. REGISTRAR'S			141
V	Margaret K. Rowland CLI	EAR SPRIN	G. MD DATE DE	EC 1 5 '61	Circhun 2	. / Crack		



MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION	OF STATISTICAL KESEARCH AND RECORDS - BAL
4565	CERTIFICATE OF DEATH

14532

1. PLACE OF DEATH	_1_1		44.		2. USUAL RESIDENCE (W	here deceased I	ived. If institut	ion: Resider	nce before o	odmission)
W	shington		MARYLA		o. STATE W. Va.		b. COUNTY	-		
RURAL ond give ne	f outside corporate limi	is, write	c. LENGTH OF STAY IN	4 16	c. CITY OR TOWN (If	White.			give neares	t town)
		ive street	address)		Shepherds d. STREET ADDRESS	scown .	urn, w.	va.	83	IS RESIDENCE
Washing	AL (If not in hospitol, g ton Count	ty He	spital		G. SINEE! ADDRESS			<u>T</u>		ON A FARM?
3. NAME OF DECEASED (Type or print)	Fill:		Bethe]		Mason	4. DATE OF DEATH	Dec	.12	Day	Yeor 19 61
5. SEX	6. COLOR OR RACE	7. MARR	DIVORCED		March 5,189		AGE (In years lost birthdoy) yrs.	Months	_	UNDER 24 HRS. lours Min.
during most of work	ON (Give kind of work king life, even if retired Bewife	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote Luray, Va	-	ntry)	12. CIT	IZEN OF W	HAT COUNTRY?
13. FATHER'S NAME George				36	14. MOTHER'S MAIDEN I		Bowers			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.		FORMANT niel G. Maso	on S		dsto	wn Rl	FD,W Va
Conditions, if o gove rise to in couse (o), stoting lying couse lost.	the under-	and A	Influenza	lem	matitis NOT RELATED TO THE TERM		CONDITION GI	VEN IN PAR	2 RT 1(0) 19.	7 days 7 days Years. WAS AUTOPSY PERFORMED? ES NO NO NO NO NO NO NO N
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			CURRED). (Enter noture of injury in	Port I or Port II	l of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. It While of work	Not while		CE OF INJURY (Home, farm tory, street, office bldg., etc	E.)	r town)	(County)	(Stote)
21. I certify that saw the decease 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type)	sed alive on	Dec.	healy.	hat d	eoth occurred old: A.D. ATTENDING NO PHYS. D	15 from the likector of sburg	STAFF PHYS.	12, 19 (61, that e date st 12/1	22b, DATE
230. BURIAL, CREMATIC REMOVED (Specify)	Dec.14		23c. NAME OF CEMET		Ceme tery	Charle	ON (City, town,	or county)	Va.	(Stote)
24. FUNERAL DIRECTOR	SIGNATURE		ADDRESS Harpers Fe	err	y W Va DATE	D BY REGISTRA		ISTRAR'S SI	GNATURE	

e funeral directar, rould be filed with fter death. Page 4 TO HO ALL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homay.

TO FUNEXAL MECTOR: After this certificate has been signed by the attending physician and completely filled in a page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health priar to burial, cremation, or remaval, and in any event, within 22 hours after death. VR A15 (4) 15M 9/59

WATELL: . / Y. B. Chi skistelan dest . IV. BURBA Liceston I attraction W. LE Mary and Street Street Board, St. Salast in same

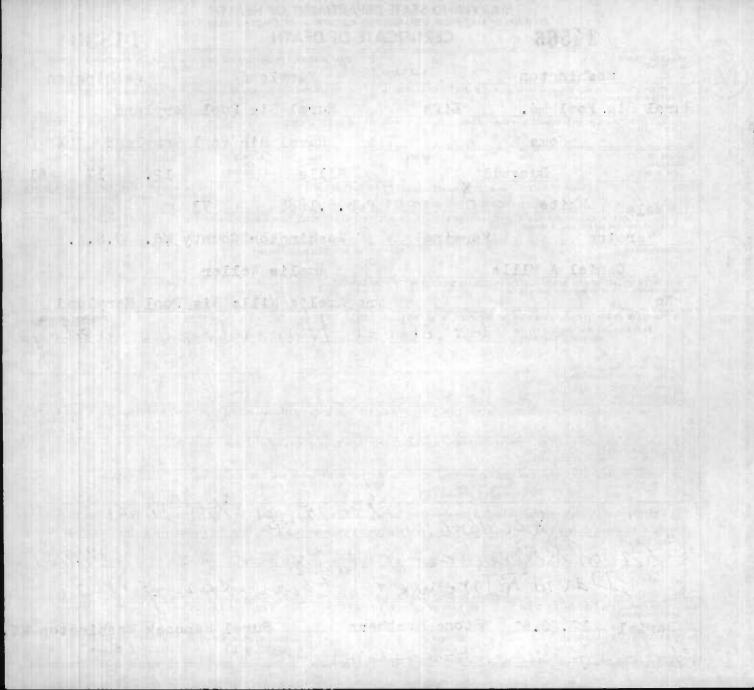
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14533

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	Washington MARYLAND	o. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL Big Pool Md. Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Big Pool Maryland
F	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION Home	Rural Big Pool Maryland YES T NO [
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Russell	Mills DEATH 12. 17 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	Male White WIDOWED DIVORCED	Feb. 6.1888 73 yrs. Monins Days Min.
10	On USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Farming Farming	Washington County Md. U.S.A.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Daniel A Mills	Amelia Wekler
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
		rs Amelia Mills Big Pool Maryland
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemonhope INTERVAL BETWEEN ONSET AND DEATH
	331X DUE TO	
	Canditions, if any, which)	V
	gove rise to immediate	
	cause (a), stating the under-	
1,	lying cause last. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20d. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State)
1	Hour a.m. While Nat while fac	tary, street, affice bldg., etc.)
1 2	p. m. 17 at wark _ at wark _	No. 15 12 11
1	21. I certify that (I) (this hospital) oftended the deceased from	OCC 1 /3 1 1961 , to NOC 1 196 , that (1) (we) lost
	sow the deceased alive on DCC1 16196 and that d	leath occurred of PM, from the causes and on the date stoted obove.
	220 SIGNATURE	ATTENDING MED. STAFF 12/9/JGNED
		M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S David R. Brewer	- Clear Apring Md,
23	la. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
-	Burial 12.20.61 Stone Breth	
124	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Hora & Hene Home a	DAT DEC 2 6 '61 Chilles S. Kings



in by the funeral in 24 hours after deal as may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. For a land be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 15M 9/60

8

MARYLAND	STATE	DEPARTMENT	OF	HEALTH	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH

T.t.	em 14 Film G30	77/16/67	-1-	
1. PLACE OF DEATH e. COUNTY	sm 14 riam uyu		CE (Where deceased livad, If institution: I	Rasidance before admission)
Washington	MARYLAND	a. STATE Mary	land b. COUNTY Wash	ington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		If outside corporate limits, write RURAL and	
Hagerstown	65 years	12 Ha	gerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS		a. IS RESIDENCE
Washington County Hos	nital	722	Vincinia Arra	YES NO
3. NAME OF First	Middle	Last	Virginia Ave.	Dey Yeer
(Type or print) 111 1 1 0 m			OF DEATH TO	
5. SEX 6. COLOR OR RACE 7. MARRIE		rrison . DATE OF BIRTH	9. AGE (In yeers IF UNDER 1	12 19 61 YEAR IF UNDER 24 HRS.
		. DATE OF DIKITI		Deys Hours Min.
Male White WIDOWE 10a. USUAL OCCUPATION (Give kind of work 10b. K	- WA		880 81 yrs.	
done during most of working life, even if retirad)	IND OF BUSINESS OR INDUSTR	II. BIKIMPLACE (Cou	nty & Stete, or foreign country) 12. CII	IZEN OF WHAT COUNTRY?
	ilroad	Shepherd	stown. W. Va.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Alexander Mori	rison	Rhuanna	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgive war or detes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	No.
	Mi	ss Virgini	a Morrison Hag.	Md.
1B. CAUSE OF DEATH [Enter only one cause per	The for (a), (b), and (c).]	~/ A		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Muselsotu (Least hoes	a-e:	ONSET AND DEATH
420,0 DUE TO 1			THE RESERVE OF THE PERSON OF T	1
Can Hillary W	Autine of Oga	ich heek of	6-lockes	2 440
geve rise to immediate cause	1	-		
(a), steting the underlying DUE TO	Bilmonin, Su	Mhustina		14/10-
	1		NAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
	TRIBOTING TO DEATH DOT NO	T KEENTED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
O ACCIDENT WAS UNDERLYING FOR LOOP DES	COURT HOLY INTUING O COURT	· · · · · · · · · · · · · · · · · · ·	D . 1 D . 11 (): 4D)	YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	. (Enfer neture of injury in	Part I or Part II of Item IB.)	
		CE OF INJURY (Home, fars		nty) (Stefe)
Hour e.m. While	Not While fect	A	1	
21. I certify that (I) (this hospital) attend	ded the deceased from	· kine (?)	1950 10 Nec (2 1st	, that (I) (we) last
	. /) /		M. from the causes and on t	
22e, SISSIATURE	, and mar	dealli occured digital	, Iron me causes and on	22b. DATE
Mun X Mistern		Divise III	MED. STAFF DIRECTOR PHYS.	13/ SIGNED
226 PHYSICIAN'S	M.			117101
NAME (Type) / Philip J. Hir	shman, M.J.	1	59 W. Washington St	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OP CREATEDRY	lagerstown, Maryland	/) (State)
REMOVAL (Specify) Burial 12-16-61		Cemetery	TY	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REGISTRAR'S	
Scott F. Minnich & Son	Hagerstown,	Md. DATOE	C 18'61 arilun S. 1	Trans
		111		

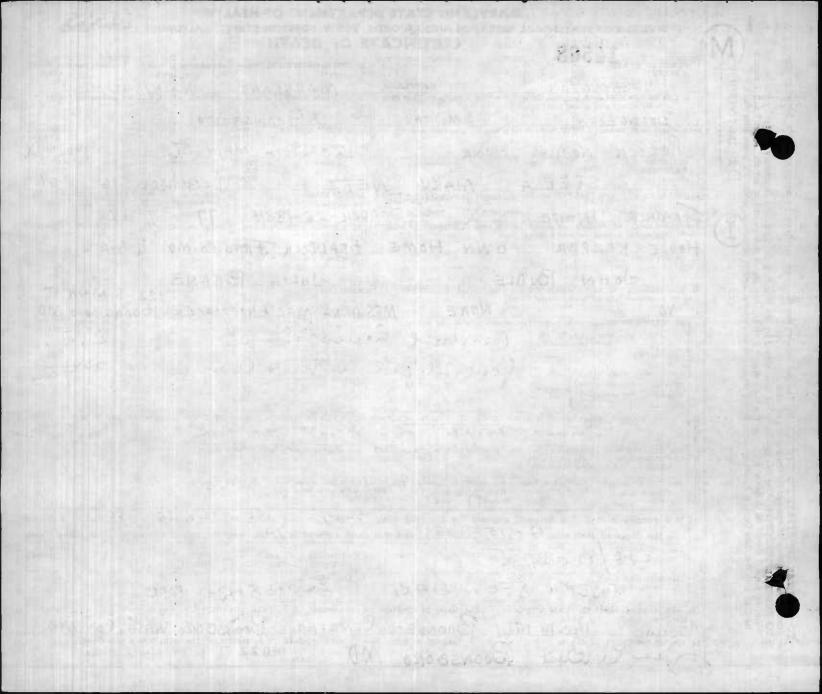
No. State Cash nt that have smouth and Baniste B Language Language THE RELL OF REAL PROPERTY. medical months in next rack quantal . He was not been as the series of the series and the series are the series and the series and the series are the series are the series and the series are t The state of the s South and the state of the stat The state of the s Bestevall Projections thotomos itil each to the Lastes . has town to town alo Scott I. Manioh A Son Ha drei own, Md. does the may be retained by the hospital or attending physician.

IO FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The set I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DR. SFLONDARY

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

R	/	14005	
/		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATE b. COUNTY
		WASHINGTON MARYLAND	
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
		21	X BOONSBOIZO
5 4	(d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
0		REEDER NORSING HOME	123 SOUTH MAIN ST. YES NO X
		NAME OF First Middle	Last 4. DATE Month Dey Yeer
		DECEASED (Type or print)	OF DEATH 1 10 / /
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
			last birthday) Months Deys Hours Min.
1	100	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	PRIL 28°-1884 77 yrs. 7 18 1
	dor	ne during most of working life, even if retired)	11. BIRTHPLACE (County & State, or lordigh country)
	#	PATHER'S NAME	BRADDOLK FRED. CO.MD. U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		JOHN BIDLE	JULIA BRANE
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address 123 - S. MAIN ST
			SANNA MAE SHOEMAKEK BOONSBOLD MD.
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebre To	Cus whose
		331 V DUE TO 0	1
		Conditions, if ony, which \ (b) \ euliplices	interes ling strand
		geve rise to Immediate cause	J lang
		(e), stelling the underlying DUE TO	
	z .	(c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CERTIFICATION	Clera & confer. V.	De Jes lus. PERFORMED?
	FICA	200. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCURED.	TES NO
	ERTI	OR CONTRIBUTING [] CAUSE OF DEATH	(Enter nature of injury id Pert I or Part II of item 18.)
	· .	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.]
	1	p.m. 19 et work at work	
		21. I certify that (I) (this hospital) attended the deceased from	May 1961, to Dec 15, 1964, that (1) (we) last
		saw the deceased alive on 12 - 15 - 1961, and that	death occured at ZAM, from the causes and on the date stated above,
		220. SIGNATURE	22b. DATE
		At evousing	D. PHYS. SIGNED,
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (TYPE OSEPH SECONDARI	Brows Bopo nd
		BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (State)
ı	1	REMOVAL (Specify) DEC 19.1941 BOONS BORN	CEMETERY BOONSBORD WASH, CO. MID.
	24	FUNERAL/DIRECTOR'S, SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
1		Jahr C. Bast BOOKSBORO M	DEC 22'61 Cithun S. Hinns
(_)	TO TOUR



		MARYLAND S	TATE DEP	ARTM	ENT OF	HEALT	H		
IVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1	MARY	LAND
1	4902	CER	TIFICATE	OF I	DEATH				

DIRGI CT							
. PLACE OF I	DEATH			2. USUAL RESIDENCE			ce before edmission
	GTON COUNTY	V-VIOCELT	&L MARYLAND	o. STATE Marvla	b. cou		ashington
b. CITY OR TO	DWN (if outside corpora	ate limits.	c. LENGTH OF STAY IN 16		outside corporete limits, wri		
	AL end give neerest tov			12. **			
d. NAME OF	TOWN, MARYL	TION (if not in h	ospitel, give street eddress)	d. STREET ADDRESS	town		e. IS RESIDENCE
							ON A FARM?
	ngton Count	v		911 A Main	Ave.		YES NO X
NAME OF DECEASED		First	Middle	Last	. DATE Mon	th Dey	Aeet
(Type or print	THE	DORE	NEWCO	MER	DEATH DECEM	MBER 2,	1961
. SEX	6. COLOR OR	RACE 7. MARR	IED X NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeer	IF UNDER 1 YEAR	IF UNDER 24 HRS.
male	white	WIDOW		4/18/1883	lest birthdey)	Months Days	Hours Min.
	CUPATION (Give kind		KIND OF BUSINESS OR INDUSTR	7, 40, 400	10 /	1 12 CITIZEN O	F WHAT COUNTRY
lone during mos	t of working life, even i	if retired)					
Cook		R	estaurant	Carroll Co.		U.S	5.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME		
Wil	liam H. New	comer		Mary E. H	Bloom		
5. WAS DECEA	SED EVER IN U.S. ARME	ED FORCES? 16	S. SOCIAL SECURITY NO. 17. 1	INFORMANT	Addres	" Hagersto	own Md.
no	wn) (Ifyesgive werorde		216-14-6845	Mrs. Rachel C.			
18. CAUSI	OF DEATH [Enter on		line for (e), (b), end (c).]		- OROUMOL /		ERVAL BETWEEN
	DEATH WAS CAUSED	BY:				ON	SET AND DEATH
	IMMEDIATE CAL	JSE (e) CER	EBRAL ARTERIO-S	CLEROSIS			YEAR
00	2 2						
33	4X D	UE TO					
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geve rise to	if eny, which		ERAL ARTERIO-SC				
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geve rise to (e), steting cause lest. PART II. VIRUS 20e. ACCIDE OR CONTRIB (IF EITHER, N 20c. TIME O Hour 21. I cert saw the c 22e. SIGNA 22c. PHYSIC NAME 3e. BURIAL, CR REMOVAL (S BURIAL)	if eny, which immediate cause the underlying D OTHER SIGNIFICANT OF THE CONTROL	(b) GENI OUE TO (c) CONDITIONS CO (C) CONDITIONS (C) COND	C CHOLECYSTITIS ESCRIBE HOW INJURY OCCURED NONE INJURY OCCURRED Not White fect ork and that M. D. 23c. NAME OF CEMETERY Mt. Zion	CORONARY AR. CORONARY AR. CENter nature of injury in Periory, street, office bldg., etc.) NOV. 20	20f. (City or town) 20f. (City or town) Ol, to DEC. OM, from the causes CCTOR PHYS. HINGTON ST. 23d. LOCATION (City, to	(County) 2, 19.61., the and on the description of the description	PERFORMED? YES NO (Stete) hat (I) (we) late stated above 22b. DATE (SIGNAL (Stete))
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oth. If ony de!	and 3 to the f	5 may be retained	12 with the Stote	hours after death.	
24 hours ofter dec	Give Poges 1, 2, c	h form P.M3. Poge	File pages 1 onc	ny event withth 22	
e executed within	noil in Item 18.	Office along with	of-tronsit permit.	emoval, and in a	
tificate should b	"pending" in pe	licol Exominer's	e used as a buri	cremotion, or r	
AMINER: This cer	riling the word	o the Chief Med	Poge 3 should be	prior to buriol,	
Y DICAL EXA	h rifficote, w	b Horworded t	AL DIRECTOR:	signated ogent,	
5	-	2019	NER	de	

TO POTITY DICAL EXAMINER: This certificate should be executed within 24 hours ofter december of the principle of the word "pending" in pendi in Item 18. Give Pages 1, 2, a stroud a priorworded to the Chief Medical Examiner's Office along with form PM3. Page 19. TO FUNERAL DIRECTOR: page 3 should be used as a buriol-transit permit. File pages 1 and or its designated agent, prior to buriol, cremation, or removal, and in any event within 22.	
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-						Key. Migration
	LACE OF DEATH				Vhere deceased lived. If in:	stitution: Residence before admission)
		HINGTON	MARYLAND	o. STATE MARYI	AND b. COU	WASHINGTON
b	. CITY OR TOWN (If and give neares) town)	outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, w	rile RURAL and give nearest town)
B	URAL HAGER	STOWN	10 MONTHS	X RURAL HAC	ERSTOWN	
		The second secon	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENC
-	2306 WOODI	AND DRIVE		2306 WOODLA	IND DRIVE	YES NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE M	onth Doy Year
	(Type or print)	JOHN	GUY	O'LEARY	DEATH DE	C 18 1961
5. 5	EX	6. COLOR OR RACE 7.	AARRIED T NEVER MARRIED B.	DATE OF BIRTH 19	9. AGE [In years lost birthday]	
	MALE	WHITE WIE	OWED DIVORCED	PRIL 18 35	Solcx 27 y	rs. Months Days Hours Min.
10a	USUAL OCCUPATIO	N (Give kind of wark done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTR
	luring most of working		ROOFING INDUSTRY	BALTIMORE	MARYLAND	U.S.A.
-	FATHER'S NAME	2011.02.0		14. MOTHER'S MAIDEN N		1 0.0.1.
	TOWING I	CENTIL OFTEN	r	MARY E RE	YTT TV	
15.		OSEPH O'LEARY		FORMANT	Addr	eti
[Yes		If yes, give wor or dates of service	114-11	RNEST J O'LEA		
-	YES	1954-1958 H [Enter only one cause pe		MEST 9 O.PET	TILL CHIEFFANNEO	
		H WAS CAUSED BY:	raine for (d), one (c),]	1		ONSET AND DEATH
	000	MMEDIATE CAUSE (0)	ATTOMICKATURY	// Asphyxia	ation - due	to
	8700,	DUE TO	7			
9	Conditions, if an		Ca	arbon Monoxi	Lde	30 min
Н	gave rise to immed (a), stating the u					(approx)
	couse last.	(c)				
Z	PART II, OTH	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION						PERFORMED?
HFIC	200. EXTERNAL CAU	SE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (Er	nter noture of injury in Parl	Lor Port II of item 18.)	
CERT	PRIMARY OF CON	TRIBUTING []				
AL	20c. TIME OF INJUR	Y Month, Day, Yeor	20d. INJURY OCCURRED 120e. PLAC	CE OF INJURY (Home, form	120f (City or town)	(County) (State)
MEDIC	Hour a. m.		While Not while facto	ry, street, office bldg., etc.)	(Coomy) (Siote)
¥	p. m.	19	at work at work			
	21. I certify th	of I took charge of	the remoins described obov	ve, held an Autops	Inspection [], Inquiry \square , and in \mathbb{R}
	opinion death i	esulted from: Natu	ral causes 🔲, Accident 🛭], Suicide [], H	Homicide 🔲, Unde	etermined manner 🔼
	5	2 1	0 8			
	ACTUAL SIGNATURE	chrank W.	WINE TIT	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
			.07,7	ASSISTANT MEDICA	Land .	12/20/11
	EXAMINER'S EIW	MARD W DITTO	3rd M D	DEPUTY MEDICAL	EXAMINER HAGERS	TOWN MD. 272761
_		N. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, tow	
220		12/22/61	ARLINGION NAT	CEMETERY	FATRFAX COU	
220		1 1 6 / 6 6 / 1 1 / 1	THE THEFT OF MALE	• OTHER PRICE		AT A AL
	BURTAL	SIGNATURE	ADDRESS	240 REC'I	BY REGISTRAR 245 RE	GISTRAR'S SIGNATURE
	TURERAL DIRECTOR'S	SIGNATURE TOMERAL HOL		YLAND DATE DE		GISTRAR'S SIGNATURE

Film 305 1-8-6 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
14570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14538

	1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDEN	ICE (Where deceese	d lived, If Institution b. COUNTY	nı Residenca bafore	admission)
	Washington	MARYLAND	Mar	vland	1	Washingt	
	 CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete l	imits, write RURAL	end give neerest to	wn)
	Rural 2 Hancock Md.	40 Yrs		al 1 Han	cock Ma	ryland	RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (IF	of in nospital, give street address)	d. STREET ADDRESS			ON	A FARM?
-	3. NAME OF First	Middle	Last	4. DATE	M	Dey Yes	
	DECEASED			OF DEATH	Month		1-
-	(Type or print) Mary	Elizabeth			12.	21 19 ER 1 YEAR IF UNDE	61 R 24 HRS.
	111	THE TEX MARKIED	. DATE OF BIRTH		birthdey) Months		Min.
	10a. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED	4.19.73	1 00	yrs.	CITIZEN OF WHAT	COLINITRYZ
1	done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR			n country) 12.		COUNIKIT
/ .	Housewife		Largent			U.S.A.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN				
	George W Ef:	fland		ah Whisn			
1	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give we rordetes of services)	rice)	NFORMANT		Addrass		
	No		Pauline	Brooks R	ural l		
1	18. CAUSE OF DEATH [Enter only one ca PART I. DEATH WAS CAUSED BY:	use par lina for (a), (b), and (c).	to h.	11061	1.7.	ONSET AND	
	IMMEDIATE CAUSE (a)	au	m my	10000	nues	- M	2
	422.1 DUE TO	6	dia	Masky	las	- 1	
	Conditions, if eny, which (b)	Cour	uco.		1 2 2		
	geve rise to Immediate cause (a), steting the underlying DUE TO			A	usea.	20_	
	cousa lost. (c)			V			A LIE O DOV
	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONL	ITION GIVEN IN P	PERF	ORMED?
			7			YES	NO .
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in	Pert I or Pert II of ite	m 18.)		
	20c. TIME OF INJURY Month, Dey, Year Hour e.m.		CE OF INJURY (Home, for		wn) 8 (0	County)	(State)
	Hour e.m. p.m. 19	at work at work	1		5	1.	
	21. I certify that (I) (this hospital) attended the deceased from	aucir	1961 to 1	11C21,	19.6., that (I)	(aut) last
	saw the deceased alive on	ec 21 1961, and that		AM, from the	causes and o	n the date state	d above.
	220. SIGNATURE	Royge M.D.	ATTENDING PHYS.		AFF IYS.	22 ; 12,	b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	SHAFFER N	1 22d. ADDRESS	anco	1,1	md	
	23a. BURIAL, CREMATION, 23b. DATE THEREG	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(Cily Jown or co	unty) (Stote) Md.
	Burial 12.23.	61 Catalpa Me	thodist	Rural		ck Washi	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR			
	Howard & Georg	2 Hancock	mol DEC	2 8 '61	Civilium S.	Thurs	
	V						

noden 'dan' bra Lynak nesemideed halved socotal I ferrylerd . The decomposite Market CULOT 27.21 ment of the Camelo .A.B. To Level to ... W. # dreagal To aliver mi College College Ore The English of the . But to could I forth a foot and fine in the engle Creeke Payour with the Charles Frometa diverse deer of by The Manual Manual Manual Com Paris 1 12.22.61 100000 1 faref 5 1 bondol aglero 10.52.61 large reverent was thereself in

in 24 hours after hours after death any bertained by the hospital or attending physician. TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14572 CERTIFICATE OF DEATH
14539

		~ ~ ~ ~ ~				
1.	PLACE OF DEATH			The second secon	A service of the serv	institution: Residence before edmission
		Washington	MARYLAND	o. STATE Mary	land b. COUN	Washington
	b. CITY OR TOWN (i	f outside corporate fimits,	c. LENGTH OF STAY IN 16			RURAL end give neerest town)
	Sharpsbu		lifetime	X Sharpsh	ourg	
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in ho	spitel, give streat addrass)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	Main St			Main St		YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeer
	(Type or print)	Bertha		fenberger	DEATH Dec.	29 1961
5.	SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	emale	White wow		larch 1 187	7 84 yrs.	Months Days Hours Min.
10:	a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewif		ome	Sharpsbur		U.S.A
13.	Jacob Re	annar		Alice B		
15			SOCIAL SECURITY NO. 17.	NFORMANT		
	s, no, or unkown) (Ii	fyes give wer or detes of service)				Street
	No		None Mr	s. Edward	Carter Sharp	sburg Md.
	PART I. DEATH	EATH [Enter only one cause per	line for (a), (b), and (c).]	the 2	outour	INTERVAL BETWEEN ONSET AND DEATH
	止つか	IMMEDIATE CAUSE (+)	are cornor	2007	003.03	200/2
	1000	DUE TO	۸. ح	. 1		4-
	Conditions, if eny		elletizas	orteword	urs-5	/can
	gava rise to immedi- (e), stating the un	DIE TO	O			
	causa last.) (e)				
N	PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
ATION		Dirter	es wellet	les		PERFORMED?
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING [20b. DE	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Year 20d. While two	eNot While fact	CE OF INJURY (Home, fern ory, street, office bldg., etc		(County) (State)
	21. I certify ti					, 19.51, that (I) (we) la
	saw the deceas	ed alive on 12. 28	19.61 , and that	death occured at	A.M. from the causes	and on the date stated above
	22e. SIGNATURE	Alexania.		ATTENDING	MED. STAFF	12 - 8 . 61
	22c. PHYSICIAN'S NAME (Type)	JOSEPH SECO		224 ADDRESS	SONSBERO	
23	BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
	REMOVAL (Specify)	Dec. 31-61	Mt. View Co	emetery	Sharpsbur	g 'd.
24	FUNERAL DIRECTOR	's SIGNATURE OUL	lleonsports.	Med 25a, REC	C'D BY REGISTRAR 25b. REI	GISTRAR'S SIGNATURE
-		weigh	1 /	I DATE	11 02 1 00	D. IVAMA

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		oniceri	nano que	
	for Street		dostil nit	
29 161	of learned to	4 Amelia	669400	
1 2 E	Tereb 1 1977 PM		ale alte	19
I MIGIU	. M. Mandacana		- oliwanu	QH
	ALLOS FORMES		uemie. Mee	1.
TOSTIC MINORES		. 010.1		N.
	Mary 13 - Ave			

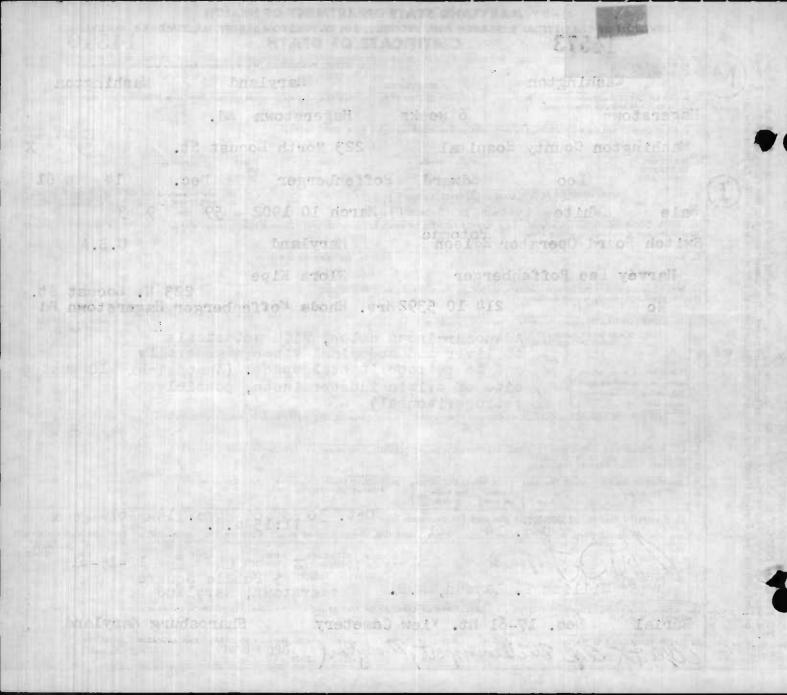
TO FUNE

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14573 CERTIFICATE OF DEATH

Washington County Hospital 223 North Locust St.	
B. CHYOR TOWN (If earlies corporate limits, with support to the corporate limits, with a support to the corporate limits and a support to the corporate limits, with a	Residence before admission)
b. CITY OR TOWN [if outside corporate limits, write RURAL and give asserted Hagers town Hagers town 4. NAME or hospital to in hospital, give street address) Washington County Hospital 5. PRATE ADRESS 223 North Locust St. 1. DATE DEATH Month Development of the county Hospital 5. SEX 6. COLOR OR FACE 7. MARRIED NIVER MARRIED 10. DEATH DEC. 14 Male Minte Minow Divorce Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 14 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month Dec. 15 No. USLAI OCCUPATION (Give intered lives) Divorce March 10 1902 10. Month No. 17 No. USLAI OCCUPATION (Give intered lives) Divorce Divorce March 10 1902 10. Month No. 17 No. USLAI OCCUPATION (Give intered lives) Divorce Divorce	shington
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 223 North Locust St. Name of Hospital County Hospital Edward Poffenberger First Middle Last DATE Month Day Recombington Deck Month Day Recombington Deck Month Deck Month Deck Month Deck DEATH Deck DECK Month Male White Widdle Last DATE Month Deck DEATH Deck DECK Month Male White Widdle Last DATE Month Deck DEATH Deck DECK Month Maryland No. Name of Hospital No.	
Washington County Hospital 223 North Locust St.	
Washington County Hospital 223 North Locust St. YE	IS RESIDENCE ON A FARM?
December Death December	YES NO X
S. SEX G. COLOR OR RACE 7. MARRIED March 10 1902 Mar	Dey Yeer
March 10 1902 59 100 1902 1903 1	14 19 61
Maile	
SWITCH BOARD OPERATOR TOTAL SWITCH BOARD OPERATOR TOTAL SWITCH BOARD OPERATOR TO THE CAUSE OF BOARD OPERATOR TO SWITCH BOARD OPERATOR TO THE CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 19. Add not or extroperitioneal space. (Anatomical conditions, if eny, which cave rise to limedoint causes (e), staining the underlying cause lays. 19. And to retroperitioneal space. (Anatomical cause lays.) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. W. P. YES DEATH CONTRIBUTING CAUSE OF DEATH DO OR CONTRIBUTION CONTRIBUTION COURSE OF DEATH DO OR CONTRIBUTION COURSE OF DEATH DO OR CONTRI	3 Hours Min.
SWITCH BOARD Operator Edison Maryland U.S.A 13. FAIHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 18. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 18. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 18. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 18. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES* 18. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORMANT 18	CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MANE Harvey Lee Poffenberger 14. MOTHER'S MAIDEN NAME Flora Kipe	U.S.A
NAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. NO. 16. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL	
Testing the underlying Due to liver and abdominal viscera generally Conditions, if eny, which save rise to immediate cause (a), stating the underlying Conditions, if eny, which save rise to immediate cause (a), stating the underlying Conditions, if eny, which save rise to immediate cause (a), stating the underlying Conditions, if eny, which save rise to immediate cause (a), stating the underlying Due to site of origin indeterminate, possibly Continued to the save rise to immediate cause (a), stating the underlying Due to site of origin indeterminate, possibly Continued to the save rise to immediate cause (b), and to retroperitoneal Due to site of origin indeterminate, possibly Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise to immediate cause (a), stating the underlying Continued to the save rise	
No	Locust St.
18. CAUSE OF DEATH Enlar only one cause per line for (e), (b), end (c).	
Due to liver and abdominal viscera generally Conditions, if eny, which gave its to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. W. YES E 20e. ACCIDENT WAS UNDERLYING (c) retroperitoneal) 20e. ACCIDENT WAS UNDERLYING (c) retroperitoneal but not related to the terminal disease condition given in Part I(e) 19. W. YES E 20e. ACCIDENT WAS UNDERLYING (c) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. W. YES E 20e. ACCIDENT WAS UNDERLYING (c) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. W. YES E 20e. ACCIDENT WAS UNDERLYING (c) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. W. YES E 20e. ACCIDENT WAS UNDERLYING (c) The part I of item 18.) 20e. ACCIDENT WAS UNDERLYING (c) The part I of item 1	INTÉRVAL BETWEEN
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 20e. ACCIDENT WAS UNDERLYING (c) retroperitoneal) 20e. CONTRIBUTING CAUSE OF DEATH OF EITHER NOTHER HOUR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 20e. TIME OF INJURY Medical EXAMINER; II. 19 Ob. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 21. I certify that (I) (HUSXINGSISMI) attended the deceased from Oct. 30 1 19 Ob. Dec. 14 19 Ob., that (c) saw the deceased alive on 19 ob. 14 19 Ob., and that death occured al, from the causes and on the date state of the deceased from Oct. 30 1 19 Ob. Dec. 14 19 Ob., that (c) part II. Significant (Type) William T. Layman, M.D. 220e. BURIAL CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. IOCATION (City, town or county) 125d. REGISTRAR'S SIGNATURE 125b. REGISTRAR'S SIGNATURE 125b. REGISTRAR'S SIGNATURE 125b. REGISTRAR'S SIGNATURE 125c. REC'D BY REGISTRAR'S SI	ONSET AND DEATH
Gave rise to immediate cause (a), stating the underlying cause last. DUE TO SITE OF ORIGIN INDEED INDICATE PRINTS DUE TO SITE OF ORIGINAL STAFF 12-15-6.	
Gave rise to immediate cause (a), stating the underlying cause last. DUE TO SITE OF ORIGIN INDEED INDICATE PRINTS DUE TO SITE OF ORIGINAL STAFF 12-15-6.	10 months
Cause last. Column Part	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. W. YES 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Pert II of item 18.) 20c. TIME OF INJURY MEDICAL EXAMINER) 20c. TIME OF INJURY MEDICAL EXAMINER 19	
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. While at work Mile at work at w	RT 1(e) 19. WAS AUTOPSY
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. While at work Mile at work at w	YES A NO
21. I certify that (I) (this mession) attended the deceased from Oct. 30 17 19 01 to Dec. 14 , 1901, that (saw the deceased alive on Pec. 14 1901, and that death occured at M, from the causes and on the date state of the course of the causes and on the date state of the course of the causes and on the date state of the causes and on the date state of the course of the causes and on the date state of the causes and on the date of the causes and on	
saw the deceased alive on #1904. and that death occured at	ounty) (Stete)
ADDRESS AME (Type) William T. Layman, M.D. ATTENDING MED. PHYS. 12-15-65	961, that (I) (We) last the date stated above.
NAME (Type) William T. Layman, M.D. Hagerstown, Maryland 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUYIA (Specify) Dec. 17-61 Mt. View Cemetery 24 FUNDERS SIGNATURE 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE 26c. 17-61 Mt. View Cemetery 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REGISTRAR'S SIGNATURE 25c. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REGISTRAR'S SIGNATURE	276. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUYIAL (Specify) Dec. 17-61 Mt. View Cemetery Sharpsburg Marylar 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS MARY DEC. 18 61	
Buria (Specify) Dec. 17-61 Mt. View Cemetery Sharpsburg Marylar Address Manufe 1256. REC'D BY REGISTRAR'S SIGNATURE OF 18 161	IS TO THE OWNER OF THE OWNER.
24 FUNEPRINDIRECTOR'S SIGNATURE OF MADRESS MADRESS DEC 1 8 161	
The state of the s	
	0



FOR STATE TO D MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any damay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundation. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, you its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET BALTI

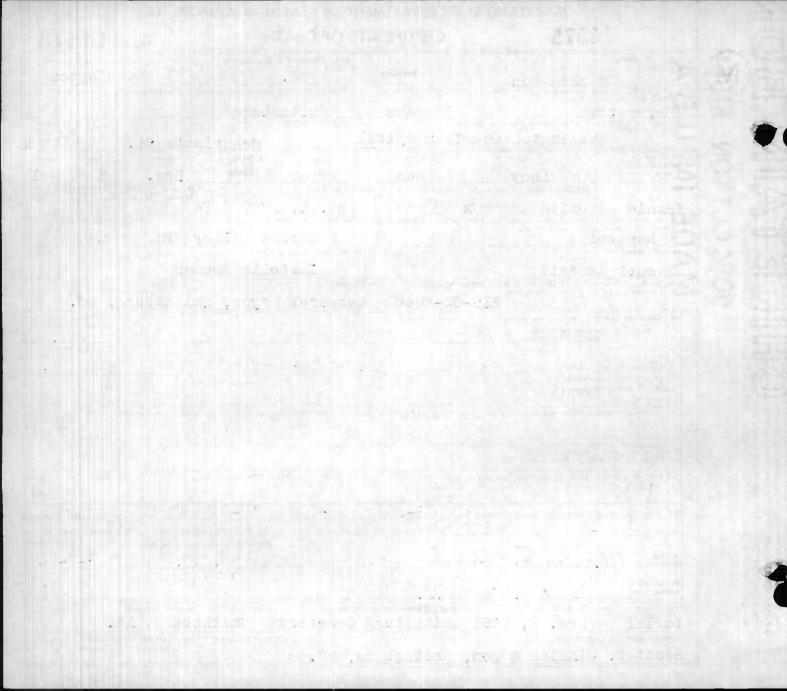
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	14574 MEDICAL EXAMINE	er's certificate of death 14542
	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
A	WASHINGTON MARYLAN	e. STATE MARYLAND b. COUNTY WASHINGTON
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
/	RURAL HAGERSTOWN 10 MINUTE	es 03 hagerstown
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	s) d. STREET ADDRESS e. IS RESIDENCE
		760 FREDERICK STREET YES NOV
	3. NAME OF First Middle	1 760 FREDERICK STREET YES NOX
	DECEASED (Type or print)	OF
	SHERMAN PAUL	PROVARD DEG.
П	7. MARKIED A NEVER MARKIED	lest birthdey) Months Deys Hours Min.
	MALE WHITE WIDOWED DIVORCED	30 JUNE 1903 58 yrs.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	SCRAP DEALER JUNK	PENNSYLVANIA U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T	UNKNOWN	HARRTET PROVARD
J.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
	YES 1922-1925 188-09-5139	EDNA C PROVARD WAYNESBORO PENNA.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		rrhage, Left Circumflex Coronary Artery Recent
	42011 DUE TO	
	Conditions, if eny, which geve rise to immediate cause (b) Arteriosclerosis	s, Severe, With Involvement Of 5 Years
	(e), steling the underlying DUE TO	
	cause lest. (c) Coronary Arterie:	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES NO
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE PROPERTY OF THE PROPERT	JRED. (Enler nature of injury in Part I or Part II of item 18.)
Œ.		
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20d. Hour e.m. While Not While at work at work	Oe. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Slete)
	Hour e.m. While Not While	fectory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident ,	Suicide , Homicide , Undetermined manner
	ACTUAL STOLEN	CHIEF MEDICAL EXAMINER
0	SIGNATURE M LULL Ju	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
L	EXAMINER'S	DEPUTY MEDICAL EXAMINER 12-4-61
	NAME (Type) E.W.DITTO jr. M D	Address (Street, city, town, or county)
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	[ERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	BURIAL DEC 5.1961 BEAVERCREEK	
1	23. SOUTH ROLL EINERAL HOME ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	HAGERSTOWN	N MARYT, AND DAREC 6 '61 Chilun S. Hraus

100 - Perfect Control of the Control of th Parties as a contract of the second of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1		14575	Itams	CERTIFI	CA	TE OF DEATI	1/61 1	wlr	Reg. Dist.	1.4543	3
1.	PLACE OF DEATH				1	2. USUAL RESIDENCE (WI	here deceased I		n: Residence I	pefore admission)	
	0. 0001411	Washin	et.on	MARYLA	D	Md.		b. COUNTY	Wash	ington	
	b. CITY OR TOWN	N (If outside corpore	ate limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside corpora	te limits, write RU	JRAL and give	nearest town)	
	Hagers			10 days	3	X Smiths	burg				
	OR INSTITUTION	SPITAL (If not in hos				d. STREET ADDRESS				e. IS RESIDER	
		Washin	gton Co	ounty Hospi	LTA.		Henn	rietta	St.	YES N	
3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mont	h	Day Year	,
	(Type or print)		Lucy	Ann		Pryor	DEATH	Dec		6 196	31
S.	SEX	6. COLOR OR	RACE 7. MAR	RIED NEVER MARRIED	□ B.	DATE OF BIRTH	9.	. AGE (In years last birthday)	Months Do	EAR IF UNDER 2	
	female	white				Sept. 8, 1		74 yrs.	Mollins Do	ys nours	Min.
100	 USUAL OCCUPA during most of v 	ATION (Give kind af vorking life, even if	wark dane 10b	. KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (State	or foreign coul	ntry)	12. CITIZEN	OF WHAT COU	NTRY
		ewife				Pleasan	t Vall	Ley, Md	. [I.S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Samuel	Kendal.	1			Isabe	lle Bo	owman			
1S.	WAS DECEASED I	EVER IN U. S. ARME	D FORCES? 16	SOCIAL SECURITY NO.	INF	DRMANT		Addre	955		
				19-05-2840]	Wargaret P	ryor,	Smiths	burg,	Md.	
	18. CAUSE OF	DEATH [Enter only	one cause per l	ine far (a), (b), and (c).]						NTERVAL BETW	
	PART I.	DEATH WAS CAUSE	D BY: USE (a)	erabral Th	om!	oosis				DNSET AND DE	AIH
	332	,	OUE TO								
	Conditions, it	fany, which	the Gre	eneralized	117	tarioscler	osis			10 Irs.	
	gave rise to couse (a), stati		OUE TO							1 THE	
	lying cause la		(c)								
CERTIFICATION	PART II. (OTHER SIGNIFICAN		CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INAL DISEASE (CONDITION GIVE	N IN PART 1(19. WAS AUT PERFORME YES N	ED?
	OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF D IFY MEDICAL EXAM	FATH	CRIBE HOW INJURY OCCU	JRRED.	(Enter nature of injury in	Part 1 ar Part II	of item 18.)			
MEDICAL	20c. TIME OF IN.		, .		. PLAC	E OF INJURY (Hame, farm ry, street, office bldg., etc	, 20f. (City o	r tawn)	(Cou	nty)	(State
MED	p. r		19 While		100101	y, shoot, office blog., ele	"				
	21. I certify	that I attende	d the decen	sed from 5-26	5	, 19.56, ta	12-6	191 +	hat I last	saw the dece	20100
	alive an	12-5	19	-	ath a	ccurred at	M from th				
		4 D D		- /				et, city or town, s		DATE SI	
	ACTUAL SIGNATURE	harles	5.4	Vess	M.I	o. Shith	sbur	Md.		12-7-6	1
	PHYSICIAN'S NAME (Type)	Charle	s 7 E	eag M.D.							
220	BURIAL, CREMA	TION, 22b. DATE 1	HEREOF	22c. NAME OF CEMETER	RYORG	REMATORY	22d. LOCATIO	ON (City, town, or	r county)	(Stote)	
	burial Spec	Dec.	9, 19	61 Smithsbu	urg	Cemetery	Smit	thsburg	, Md.		
23.	FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			D BY REGISTRA	4 45	TRAR'S SIGN		
	Scott F	. Minni	ch & S	on, Smiths	bur	g, Md DATE	EC 1 1 '6	- 0	Muy S. I	CAME	



M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH 14576

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before	ore edmission)
•. COUNTY Washington MARYLAND	• STATE Maryland b. COUNTY Frederick	/
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares)	town)
Boonsboro Since 5-1-54	Jefferson /0x ·	2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		S RESIDENCE
Reeders Nursing Home		NO I
3. NAME OF DECEASED (Type or print) ALICE Middle Malburn /	PICE 4. DATE Month Dey OF DEATH DEC 9	Yeer 196/
		DER 24 HRS.
	June 7, 1885 76 yrs. Months Deys Hou	rs Min.
dona during most of working life, even if retired)	Jefferson, Md. USA	AT COUNTRY
House-work At nome		
MILTON RB. RICE	Margaret A. Sencil	
(Yes, no. or unkown) (If yes give wer or detes of service)	s. Ethel M. Biser, Frederick, Md.	,
18. CAUSE OF DEATH [Enter only one couse positive for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL	BETWEEN DEATH
Conditions, if any, which (b) (b) DUE TO		
(a), stelling the underfying couse lest.		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W/PE	AS AUTOPSY ERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter netura of injury in Part I or Pert II of item 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on The 1900, and that	t death occured a 7.15M, from the causes and on the date st	
220. SIGNATURE GUMMAN	A.D. PHYS. DIRECTOR PHYS. 1	22b. DATE SIGNED
22c. PHYSICIAN'S J. W. Le Van	22d. ADDRESS ROOMSlow Mg	/
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 12-13-61 Lutheran Cem		(Stete)
24 FUNERAL DIRECTOR'S SKANATURE & Son Frederich	My 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE DEC 1 3 '61 Carthur & Kruss	

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Top VR A15 (4) 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14577 CERTIFICATE OF DEATH 14545 14577

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence b	pefore admission)			
		a. STATE WEST b. COUNTY				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) MARYLAND MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neer	rest town)			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	SHEPHIERDSTOWN 85X	. IS RESIDENCE			
	REEDERS NURSING HOME		ON A FARM?			
	DECEASED	Last 4. DATE Month Dey	Yeer			
	(Type or print) VIRCINIA 5. SEX 6. COLOR OR RACE 7. MARRIED 8		19 6 UNDER 24 HRS.			
	FEMALE WHITE WIDOWED DIVORCED	SULU - 2.3 1 876 Stelle, or foreign country) 12. CITIZEN OF W	HAT COUNTRY?			
1	HOUSE KEIEDER OWN HOME	BURNT CHIMNEY VALUS.A.				
1	LUTHER T. MINTER	SUSAN ANN MOHR				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 77. I	SUSAN ANN MOHR NFORMANT 5805 WILTSHIRE	DR.			
	NONE A.	VICHRISTMAN WASH, 16. D.C.				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET	AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) DUE TO	alle ou h	ods-			
	Conditions, if any, which (b)					
	gave rise to immediate cause (e), stating the underlying DUE TO					
1	cause last. (c)					
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OP. CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YES	WAS AUTOPSY PERFORMED?			
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Pert II of item 18.)				
			(State)			
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) Value						
	21. I certify that (I) (this hospital) attended the deceased from	June , 1961, 10 DVC 7 , 1961, that	(I) (we) last			
saw the deceased alive on. Dic. 1961, and that death occurred at F. M, from the causes and on the date						
	220. SIGNATURE CLOSES M	ATTENDING MED. STAFF	22b. DATE SIGNED			
	22c. PHYSICIAN'S NAME (Type) JOJEPH SECONDARI	22d. ADDRESS BONSBORO Mal				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county)	(Stete)			
	BUKIAL DEC. 4.1961 ELM WOOD	CEMETERY SHEPHERDSTOWN V	N.VA.			
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	E			
-	Jahn V Wast 1000NSBORD	/XID. DATE DEC 13'61 arthur & trans				

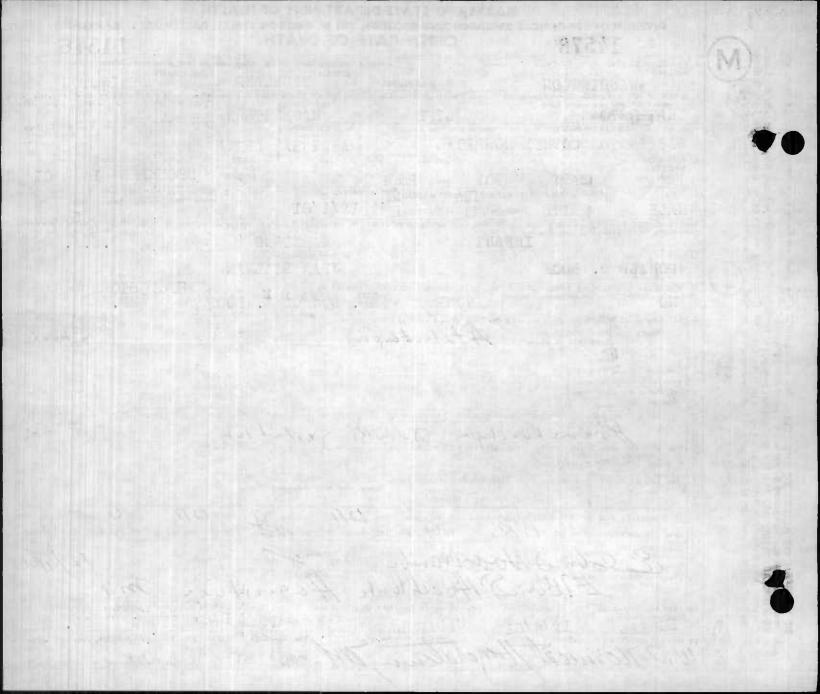
The American November 24 WARREN SHORTS IN CONSUM TO THE STATE OF THE LENGTH SMERON CHECKEN ALMAN - MANAGE VARIABLE - LECTHORS - MANAGER - IN TEMPORE WHITE STATE OF THE STAT Hatte Kuther Committee to Buther Committee Valle Line ABOM WIA WARDS SUBTRICES MORE HOW THE WAY WANTED TO A SWOOD TO The state of the s TWINGS BEHEARS, VILLEWINDS OF WALL CAN FIRST The thermal was a second of the car the car

dead 4 may be retained by the hospital or attending physician.

TO FUNIXAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The death of the befiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. in 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VR A1S (4) 1SM 7/61

	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH 14546			
1. PLACE OF DEATH a. COUNTY WASHINGTON b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?			
WASHINGTON COUNTY HOSPITAL 3. NAME OF First Middle Middle (Type or print) BABY BOY ROOF	ANTIETAM DRIVE YES NO DAY Last 4. DATE Month Day Yeer OF DEATH DECEMBER 1 19 61			
MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 12/1/61 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) INFANT 13. FATHER'S NAME DONALD M. ROOF	TRY 11. BIRTHPLACE (County & State, or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME JEAN BILLMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. or unkown) (If yes give war or dates of service) NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)	MR. DONALD M. ROOF MD.			
Franchuzity - 30 4	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 4 20e. PLACE OF INJURY (Home, farm, 20l. (City or town) (County) (Stete) 4 work 2 at work 2 at work 2 l.				
	at death occured at			
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE W.D. MOSLICEM HARPSTONY	HAGERSMOUN			
2081266XVI				

MARYLAND STATE DEPARTMENT OF HEALTH



that the death certificate be executed in 24 hours after		the attending physician and completely, it in by the funeral	it. Then please remove carbon papers. 1953s Fend 2 should	irs after-death.
executed		completely	on papers.	iphin 72 hou
cate be		an and	ve carb	vent, w
certific		physici	в гето	any e
death		ending	n pleas	and in
the		afte	The	Val.
that	-	the	+	оше

M	ARYLAND STATE DEPARTMENT OF HEALTH				
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M					
14579	CERTIFICATE OF DEATH	14547			
ACE OF DEATH	2. USUAL RESIDENCE (Where deceased	d lived, If institution; Residence before ed			

						W X I
1. PLACE OF DEATH			2. USUAL RESIDEN		ived, If institution: Resi	idence before edmission)
Wa	shington	MARYLAND	Mar Mar	yland	Wast	hington
b. CITY OR TOWN (if	outside corporate timits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and g	ive nearest town)
Hagerstow		4 days	13 Hagers	town		
	AL OR INSTITUTION (if not in hos		d. STREET ADDRESS			e. IS RESIDENCE
Washington	County Hospi	ital	358 S. P.	otomac St	reet	YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month I	Day Yeer
(Type or print)	George	William	Sager Jr.		ec. 18	3 1961
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		n years IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male	White widowi		Dec. 13 19	61 last bir	yrs. Months Per	ys Hours Min.
10a. USUAL OCCUPATION done_during most of work	ON (Give kind of work 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or foreign o	country) 12. CITIZE	N OF WHAT COUNTRY?
None	king me, even it temed,		Hagerston	wn Md.	U.	S.A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		Value III ia
George	William Sager	Sr.	Mary	Kidwell		
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		358 S. Fot	omac St
(1es, no, or unkown) (II	yes give wer or dates of service)	none Mi	. George V	Villiam Sa	gran Sn H	egenetown
18. CAUSE OF DI	EATH (Enter only one cause per	lime for (e), (b), end (c).}		· LLIIIII De	ager or	
	WAS CAUSED BY:	ve and it	() The)		ONSET AND DEATH
2011	MMEDIATE CAUSE (a)	ven Aturily	(2103	/,		- Tanyo -
116 X	DUE TO					
Conditions, if eny,					_	
	(e), stating the underlying DUE TO					
cause last.) (c)					
Z PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1(PERFORMED?
EV.						YES NO
PART II. OTHER 20e. ACCIDENT WA OR CONTRIBUTING I (IF EITHER, NOTIFY		CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item	18.)	
ZOC. TIME OF INJUR	Y Month, Dey, Yeer 2Dd. While	Not While fac	ACE OF INJURY (Home, far tory, street, office bldg., etc		(County	(Stote)
7	at (I) (this hospital) atten		12-/13	1961 to 12-	118 106	I that (I) (we) last
saw the decease	ed alive on 12/	719.6.1, and that	death occured at(2)	AM, from the c	auses and on the	date stated above.
22e. SIGNATURE	end Aux			MED. STAF		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Richard A.	Young	22d. ADDRESS	stom, 1	nd.	
23a. BURIAL, CREMATIC TREMOVAL (Specify)	DO 10 61	2001 11111111	OR CREMATORY		City, town or county)	(Stete)
Durtat	Dec. 19-61	Bakersville		Bakersvi		
24 EUNERAL DIRECTOR	S SIGNATURE 1 719	ADDRESS L	1/1/1	C'D BY REGISTRAR 2		
1 COUNTY	con con	- Local	DATUE	C 2 2 '61	Cillian S. Ku	all a

TO HOUTAL OR ATTENDING PHYSICIAN: The law requires the dead of may be retained by the hospital or attending physician of the property of the prior to burial, cremation, or respectively.

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Harers town.

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1301 13 1961

Eggratown W. A.B.H.

Mary Manuall

SEE 3. CROSSED BE. none at the Coorde william bener or agerstown.

Dec. 19-61 Exameville Cemowery Skeraville Maryland

Cearge William Marcel Br.

TO H

M.	ARYLAND STATE D	EPARTMENT OF	HEALTH	
DIVISION OF STAFFSTICAL R	ESEARCH AND RECORD	5, 301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
工語のOA	CERTIFICAT	E OF DEATH		A A P A O

1		CERTIFICATE	OF DEATH		11549
	PLACE OF DEATH				stitution: Rasidence batora admission)
	Washington	MARYLAND	a. STATE Mary	land b. COUNTY	Washington
1	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outsida corporata limits, write R	
	write RURAL and give nearest town)	43 yrs	13 Kage	rstown	
- (d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		. IS RESIDENCE
	60 Madison Ave.		60 M	adison Ave.	YES NO K
3.	NAME OF First	Middla	Last	4. DATE Month	Day Year
	OECEASED (Typa or print) Jannie	Elmira	Selby	OF DEATH Dec.	14 19 61
5.	7. MAKI	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years III	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
		VED DIVORCED	Sept. 16, 189		
10a do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Rousewife	Own Home.	Baltimore	. Co. Md.	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	William Henry Smi	th	Eliza Ja	ne Noonan	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	Kagerstown, Md.
(16	s, no, or unkown) (Ifyas giva war or dates of sarvica)	20-28-3550 Mr.	Elmer D. Sel	by 23 S. Mont Va	lla Ave.
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) On DUE TO Conditions, if any, which gava risa to immediata causa (a), stating the undarlying DUE TO	Parte 11/0	conseal constant of solution		INTERVAL BETWEEN ONSET AND DEATH THE LETTER 15 years
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	enceus	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	208. ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	, (Entar nature of injury in	Part I or Part II of itam 18.)	
MEDICAL	Hour a.m. WI		CE OF INJURY (Homa, farr ory, streat, office bldg., atc		(County) (Stata)
	21. I certify that (I) (this hospital) attended to the saw the deceased alive on the certific that the saw the deceased alive on the certific that the same that the certific				nd on the date stated above.
	Schwarl W. DIA	6 TII M	ATTENDING PHYS.	STAFF DIRECTOR PHYS.	22b, DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Edward W. Ditto]	11, M. D.	22d. ADDRESS 217 Wes	t Washington St	
23a	BURIAL, CREMATION, 23b. DATE THEREOF	Mountain View		23d. LOCATION (City, town	n or county) (Stata)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
	est Haven Funeral Chapel				un S. Thans
	The Man of a Design Control Control	1 1 100000 000 000 000 000	- VALUE C		

02881 AND ARREST AND A Section 1 THE LOUIS WILLIAM STATES STATE OF THE PROPERTY OF THE P School Cles Style III T.30. 1, 152 to 151 To Should to . The meaning factor admit the me death Ment Sugar de Sugar Sent Sent Sent DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14581 CERTIFICATE OF DEATH
14549

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1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	- CTATE -	CE (Whare deceased lived, If institution b. COUNTY	Wash.
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)     Hagerstown	60 years	c. CITY OR TOWN (I	f outside corporete limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, giva straet addrass)	d. STREET ADDRESS	ashington St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Lalla		Settle	4. DATE Month OF DEATH Dec.	2, Yoor 19 61
female 6. COLOR OR RACE 7. MARRI WIDOW		Nov. 13, 18	9. AGE (In years lest birthdey) 77 yrs.	ER 1 YEAR IF UNDER 24 HRS. s Deys Hours Min.
housekeeper h	otels	Bakerton		CITIZEN OF WHAT COUNTRY
James W. Hof	fman	14. MOTHER'S MAIDEN	Eliza Loude	n
1B. CAUSE OF DEATH [Enter only one ceuse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  420, DUE TO Conditions, if any, which gave risa lo immediale ceusa (e), steling the underlying ceuse lest.	line for (o), (b), end (c).] Conomany co emeralized Cordnary a	theroschus	- Acrite	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED			PERFORMED? YES NO 4
Hour e.m. Whi		CE OF INJURY (Home, ferm tory, street, office bldg., etc.		County) (State)
21. I certify that (I) (this hospital) after saw the deceased alive on Raw S				n the date stated above
222. PHYSICIAN'S Edward W. Ditto 111, M.		D.D. PHYS. 22d. ADDRESS	AED. STAFF PHYS.  Washington St.	22b. DATE SIGNE 12(4(6)
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 12-5-61	23c. NAME OF CEMETERY Rest Haven		Hagerstown, M	
24 FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & So	n, Hagerstow		C 6 '61 CONTRACTOR OF THE CONT	S SIGNATURE

the d in by th deal TO H YELL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed and death at may be retained by the hospital or attending physician.

S TO FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The please remove carbon papers. The please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

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217-10-1916 Mrs. Louise Gillin Pagerstone

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Scott P. Minnight & Son. Ha erstown, Md. .... 12

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TO H. NITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed hin 24 hours after to death the house of the hospital or attending physician.	3	1	1
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14582 CERTIFICATE OF DEATH 14550

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  The state of t	. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)  a. STATE  b. COUNTY  Maryland  Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
writa RURAL and give nearest town)	
Hagerstown	Maryland Washington c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Hagerstown   . IS RESIDENCE
Washington Co. Hospital	506 Summit Ave.
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Raymond I. Shank	OF DEATH 12 26 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D	ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male   white   widowed   Divorced   2/	18/1893   68 yrs.   Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working lifa, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
darmy there are discoursed in the	Maryland U.S.
William F. Shank	Mary Beard
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO   17. INF	LODGE THE STATE OF
(Yes, no, or unkown) ((Kyesqiye waror dates of sarvice) 219-20-2974 Mrs.	700 00000000000000000000000000000000000
18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).]	Raymond Shank, Hagerstown, Md.
DARTA DESTU MAS CALLEED ON A.	Throm bosis Onset AND DEATH 5 hrs.
1,	I HI OW DOSIN
Conditions, if any, which ) (b) Arte, nioscie	rosis-Generalized 2 yrs.+
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(e), steting the underlying DUE TO	
cause last. (c)	THAT TO THE TENUNDAL DISTANCE COMPLIANCE CONTINUE OF THE PART OF T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT K	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Arterioscierotic Heerl Di	YES NO X
OR CONTRIBUTING  CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ntar natura of injury in Part I or Part II of itam 18.)
	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m.  p.m.  Whila Not Whila factory, at work et work	sited, office brog., etc.)
	12C 1 1959 to Dec 26, 1961, that (1) ( last
saw the deceased alive on D. 85 - 26 1961 and that de	eath occured at 2.A.M., from the causes and on the date stated above.
220. SIGNATURE	
Claral a fellow M.D.	ATTENDING MED. STAFF SIGNED. PHYS.   12   22b. DATE SIGNED.   12   2   2   2   2   2   2   2   2
	214 N. Potomac ot . Heginton
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NAME (Typ6)  230. BURIAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Spacify)  23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town or county) (Steta)

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8-62 m tem, MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY Heatth, rector. Page b. COUNTY files. Washington Marvland Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give neerest town) Your o, Hagerstown Life Hagerstown P d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS State Midway Road 728 Midway Road 2 with the State death. ould be executed within 24 hours after death. If any of the fund 3 to the fund Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State moval, and in any event within 72 hours after death. 3. NAME OF Middle 4. DATE Month Day DECEASED OF (Type or print) Shirey DEATH Darren Lee December 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | lest birthdey) Months Male White WIDOWED DIVORCED Sept. 30. 1960 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Md. None None Hagerstown. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Warren L. Shirey Shirley L. Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give we ror detes of service) Warren L. Shirey This certificate should be executed Hagerstown. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) removal, DUE TO (b) ute the certificate, writing the word "pending" is forwarded to the Chief Medical Examiner's CL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (a), stating the underlying 6 cause last, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. MEDICAL 20s. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, offica bldg., etc.) to While Not While Hour a.m. at work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion EDICAL agent, Suicide death resulted from: Natural causes K Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER Act. EXAMINER'S Ditto M. pinous NAME (Typa) Edward W. Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) its REMOVAL (Specify) 12-21-61 Rest Haven Cemetery Hagerstown, £40 Burial ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

Scott F. Minnich & Son Hagerstown, Md.

. IS RESIDENCE ON A FARM?

YES NOT

Your

19 61

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stete)

Chillian S. Thousa

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IF UNDER 24 HRS.

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with pages | within it. File I with Office along w burial-transit p the word "pending" ŏ cremation

the Chief Medical Examiner's Office R: Page 3 should be used as a burialecute the certificate, writing should be forwarded to the FUNERAL DIRECTOR: its designated agent, prior 40

MEDICAL EXAMINER: This certificate should 5M 9/60

VS. AISME

## RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 days Hagerstown Rura1 Sharpsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Route YES NO X 3. NAME OF 4. DATE DECEASED (Type or print) Kenneth Sinn . DEATH December Eversole 19 61 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Male White WIDOWED DIVORCED Dec. 29, 1911 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Manager Auto Club Hagerstown. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rex Sinn Frances Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes giva wer or dates of service) Mrs. Henrietta Sinn Sharpsburg, Md. 4-10-4616 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (h) geve rise to immediate cause **DUE TO** (e), stailing the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFIC 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., eic.) Hour e.m. Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Accident Suicide death resulted from: Natural causes X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Edward W. Ditto III. M. D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 12-18-61 Sharpsburg, Burial Mt. View Cemeterv 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE DATE DEC 2 0 '61 F. Minnich & Son Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14585
CERTIFICATE OF DEATH

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	PLACE OF DEATH				e. STATE		b. CC	If Institution: Re	sidance before admission)
	Was	hington f outside corporate limi	he 1	MARYLAND c. LENGTH OF STAY IN 1b		Maryla			hington
	write RURAL and	give nearest town)	15,		2 0 **			THE KOKAL SIG	give neatest town)
_	Hagerst	TAL OR INSTITUTION (	if not in bosnill	4 Days	d. STREET AD	gersto	wn		l a. IS RESIDENCE
									ON A FARM?
2	Washir	gton Co.I	dosp1t	Middle Middle	b3 We	St Fra	nklin S		YES NO
-	DECEASED	First		Middle	Lest	OF	_	onth	Day Year
	(Type or print)	CELIA	PEARL			DE	Dece	mber 1	
_	SEX	6. COLOR OR RACE	7. MARRIED		DATE OF BIRTH		last birthda	y)   Honths   De	eys Hours Min.
	emale	White	WIDOWED.		January		71 yrs		
do	<ul> <li>USUAL OCCUPAT no during most of wo</li> </ul>	ION (Give kind of work rking life, even if retire	d)	D OF BUSINESS OR INDUST			, or foreign count		EN OF WHAT COUNTRY?
	ousewife		0	wh Home	Baltimo		ty Md.	USA	4
13.	FATHER'S NAME				14. MOTHER'S M.				
	Ber	nard Voll	5		Sara	h Libe:	rman		
	WAS DECEASED EV	ER IN U.S. ARMED FOR fyesgivewerordetesofs	CES?   16. SC	OCIAL SECURITY NO. 17.	INFORMANT		Add	ress ceretor	wn, Marylan
,	No			30-9342 Ja	ack I.Sm	1th 63	W. Fran	klin S	TINTERVAL BETWEEN
	18. CAUSE OF E	EATH [Enter only one	ceuse per line	e for (e), (b), and (c).)		~ 4 00		WT T11 - F	INTERVAL BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (0)	HUP	ertensiv	215V 2	I roll	25921	0	10 y rs -
	2101	DUE TO	1, 1,						
	Conditions, if any	1	Ar	teriosele	rosis				10450
	gave rise to immedi	ate ceuse							
	(a), stating the u	nderlying (c)	Di	cheter	Melli	tus			304+4.
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTI	RIBUTING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISE	ASE CONDITION	GIVEN IN PART I	(a) 19. WAS AUTOPSY
ATIC									PERFORMED?
CERTIFICATION		AS UNDERLYING	20b. DESCR	RIBE HOW INJURY OCCURE	). (Enter neture of in	ury in Pert I or P	ert II of item 18.)		
CER	OR CONTRIBUTING	MEDICAL EXAMINER)							
Y.	20c. TIME OF INJU	RY Month, Dey, Ye	er   2Dd, IN	JURY OCCURRED   20e. PL	ACE OF INJURY (Hon	ne, ferm, ! 20f.	(City or town)	(Count	ty) (Stata)
MEDICAL	Hour a.m.		While at work	1401 44 11110	tory, streat, office blo	dg., etc.)			
×	p.m.	19	-		00415	10 F W	. 5.00	10- 104	( a + () ( ) last
				ed the deceased from.					
		sed alive on 13.	C/	19.6.1, and tha	death occured	at /4	rom the caus	as and on th	e date stated above.
	22a. SIGNATURE	4110	. /	111	ATTENDING	MED. DIRECTOR	STAFF PHYS,	7	SIGNED
	22c. PHYSICIAN'S	logol b	1	wille	PHYS.				12 18.61
	NAME (Type)		·Ho	the man		Potom	26 5+. /	Ascor.	toun, Mid.
238	BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY			LOCATION (City,		
	Burial	12/19/	61	B'Nai Abrah	am Ceme	He	gersto	Mar.	yland.
24	FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS					
	Andrew	K. Coffma	n Hag	erstown Man	vland  D	ATDEC 21	61   0	Irthur S. H	traus
_									

TO H. T. A. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 houndeath.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Payes 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

24 hours after

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ns digg nt of the Lord to Admiring attended to the state of the st MILES PERSON ATREST Mary Jager, 1 - Vacontile AU I CAR STAN STAN STAN TO THE COME HAVE Harming and the state of the st A STORAGE OF THE STREET WAS ASSESSED. and the second second land The state of the s ective sylvanian in the sylvanian LORDEN ROLLING CONTRACTOR OF THE STATE OF TH ALTENDED TO LOCAL TO THE PRODUCT OF April 6. Vol. 1000. Hayes the tylend and for the tylend and love a western

	14585
1. PLACE OF DEATH o. COUNTY	Washin

# **CERTIFICATE OF DEATH**

N. N. AEEA

- 2000				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institutio b. COUNTY	Wash.
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Hagerstown	7 days	c. CITY OR TOWN (IF or	utside corporate limits, write RU	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give soft INSTITUTION COUNTY  Washington County	street address!	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harry	Cletus	Snyder	4. DATE Month OF DEATH D	bec. 30, 1961
molo white		8. DATE OF BIRTH Aug. 27, 18'	lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS		or foreign country) On Co., Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David Snyo	ler	14. MOTHER'S MAIDEN N.	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)			e, Waynesbor	
18. CAUSE OF DEATH [Enter only one couse   PART I. DEATH WAS CAUSED 8Y:   IMMEDIATE CAUSE (o)   DUE TO   Conditions, if ony, which   (b)	per line for (o). (b). ond (c).] Heart Failur Arterioscler		vascular Dis	INTERVAL BETWEEN ONSET AND DEATH / Days
gove rise to immediate couse (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITION	ONE CONTRIBUTING TO DEATH BUT	NOT BELLTED TO THE TERMIN		
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 2	. DESCRIBE HOW INJURY OCCURRED  200. INJURY OCCURRED 200. PLA		ort I or Part II of item 18.)	PERFORMED? YES NO (County) (Stote)
p. m. 19 of 21. I certify that I attended the dec	t work ot work			,that I last saw the deceased
70 70	63	accurred at		nd an the date stated above.
PHYSICIAN'S NAME (Type) Charles F.	less 1. 1.	*************	***********	
220. BURIAL, CREMATION, REMOVAL (Specify) Durial  22b. Date Thereof  22c. BURIAL, CREMATION, 22b. DATE THEREOF	20c. NAME OF CEMETERY OF Smithsburg	Cemetery	22d. LOCATION (City, town, or Smithsburg,	county) (State) Md •
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24. 0 100	TRAR'S SIGNATURE

VS A15 (4) 15M 9/55

the funeral director, should be filed with.

ofter death. Page

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 14587 deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Washington MARYLAND Maryland Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b writa RURAL and give nearest lown) þ Hagerstown Hagerstown 5 Yrs
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2423 Jefferson Blvd YES NO Jefferson 3. NAME OF Middla DATE DECEASED OF (Typa or print) DEATH SUSAN SPESSARD December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Female White WIDOWED TO DIVORCED T Febv 11 1Da. USUAL OCCUPATION (Giva kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 0 done during most of working life, even if retired) USA Housewife Wash Co Own Home Leitersburg 13. FATHER'S NAME please aftending John O. Wolfinger Kate Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Then (Yes, no, or unkown) (Ifyasgivawarordatasofservica) remova Mrs Ina Warrenfeltz Hagerstown R the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Maryland INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (aIntestinal obstruction 18 days hospital or attending physicertificate has been signed the burial-transit affending "Carcinoma of the cecum with metastases Indefinite gava risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 50 NO To use 2Da. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of itam 18.) After this 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) While Not Whila et work at work may be reraine DIRECTOR: 30 19 61 to. 7 19.61 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 22b. DATE 22a. SIGNATURE ATTENDING STAFF DIRECTOR Dec. PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Hagerstown Maryland NAME (Typa) Kneisley. West director, p 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Waynesboro Green Hill cemeterv Franklin Buria ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 172 mg & Kraus DATE DEC 1 2 '61 15M 9/60 Coffman Hagerstown Md. Andrew K

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

# DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH MARYLAND G

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)		
Washington Maryland	* STATE Maryland b. COUNTY Washington		
b. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)		
Hagerstown	Magerstown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   a. IS RESIDENCE		
Western Maryland State Hospital	1401 Oak Hill Avenue		
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer		
(Type or print) ANNA GERTRUDE ST	TARTZMAN OF DEC 24 1961		
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.		
Female White WIDOWED TO DIVORCED J	Tune 26, 1875    lest birthday)   Months   Deys   Hours   Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Housewife	Maryland U. S. A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
William F. Thiede	Mary Elizabeth Pietsch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yes give wer or detes of service)	INFORMANT Address		
	fr. Henry Startzman- 1401 Oak Hill Ave.		
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL SETWEEN		
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH		
IMMEDIATE CAUSE (0)	carcinomatosis un known		
DUE TO			
Conditions, if eny, which \ (b) Haeno Carc	nome of Uterus recurrent 27 years		
geve rise to immediate cause			
(a), stering the underlying			
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY		
E PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT IN	PERFORMED?		
<b>5</b>	YES NO 1		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)		
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL While Not While 19 work at work at work	ctory, straat, office bldg., atc.)		
21. I certify that (I) (this besite) attended the deceased from	8-21- , 1961, to 12-24 , 1961, that (1) (we) last		
	712		
	at death occured at 2.3.3. from the causes and on the date stated above.		
4 Lung E, Chum	ATTENDING MED. STAFF DEC 25 SIGNED PHYS. DIRECTOR PHYS. 2 SIGNED		
22c, PHYSICIAN'S	/ 22d. ADDRESS		
NAME (TYPOT YOUNG E.CHUN	1500 Penna Ave Magentownty		
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)		
Burial 12-28-61 Loudon Park C	emetery Baltimore, Maryland		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		
11 m 1- hopen I land Challe in	and DATREC 2 8 '61 Cather S. Thomas		
CARTELLA MATERIALIA DESCRITA STATES TO STATES	THE PROPERTY OF THE PROPERTY O		

in by the funeral 24 hours after ours after dear TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death.

Adeath.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

Be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours.

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# n by the funeral as 1 and 2 should death. TO HO JOHN STIENDING PHYSICIAN: The law requires that the death certificate be executed w 24 hou death. JOHNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, 9

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24 hours after

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/500 CERTIFICATE OF DEATH

1/500

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1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Re	sidence before edmission)
	Washington Maryland	Maryland Washington	
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva nearest town)
	write RURAL end give neerest town)	12 Homanataum	
-	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
			ON A FARM?
_	Western Md. State Hospital	43 East Washington St	Pay Yeer Nox
3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	
	(Type or print) ALLEN THURMAN	VEATCH DEC 3	17
5.	. SEX 6. COLOR OR RACE 7. MARRIED VIEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 Y   last birthday)   Months   D.	YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	March 16 1888 73 yrs.	bys Hours Mills
10	Da. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTRY
۵	Production Mgr. State Reforma	tory Jessamine Co Ky.	USA
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODA
-	John T. Veatch	Lucy EAllen	
11:		INFORMANT Address	
()	Yes W. W. # 1 217-32-5352 Ch	anlotte C Westeh 47 F We	-1- : R Ot
-	Yes W. W. # 1 &17-32-5352 UD	harlotte C. Veatch 43 E. Was Hagerstown Md.	INTERVAL BETWEEN
		EU AD ALD	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULAR PN	EUMUNIA	4 01775
	15 3 8 DUE TO	AF THE BOLLOW	9 MONTHS
	Conditions, if eny, which ) (b) CARCINOMA C	7- IME COLON	2 11011/17/2
	geve rise to immediate ceuse (e), stating the underlying  DUE TO		
	cause lest. (c)		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED
CERTIFICATION	GENERALIZED ARTERNOSC	LEROSIS	YES NO
H	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Part II of item 18.)	
l e	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (Slete)
MEDICAL	Hour a.m. While Not While fect	etory, street, office bldg., etc.)	
1		9-20- 1961, 10/2-3- 196	( that ( ) (was la
	21. I certify that (I) (this hamital) attended the deceased from saw the deceased alive on 12-3-1941, and that		
		death occured at w	22b. DATE
	228. SIGNATURE POP M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNE
		A.D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLAGROSI	1500 Pa Ave Hogento	um Mil
		- I have been a fact to the second of the se	
2:	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	77	
B	urial 12/5/61 Rose Hill Ce	emetery Hagerstown Wash Co	
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
1	Andrew K. Coffman Hagerstown Md.	DATE DATE Cothur &	. Trans

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Andrew M. Colling Hugararows No.

## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 14500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFAITH DFPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) director. Page r your files. and of Health, Page a. COUNTY b. COUNTY Washington b. CITY OR TOWN (if outside corporete limits, Washington MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Hagerstown. Hagerstown , Maryland Boar be retained State 123 Clarkson Avenue larkson ould be executed within 24 hours after death. If any in pencil in Item 18, Give Pages 1, 2, and 3 to the fur NAME OF Middle DECEASED OF the age 5 may be re and 2 with the 72 hours after (Type or print) DEATH (no) AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Male Colored DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if ratired) Domestic pages Hotel form PM3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unkown) | (If yes give war or detas of servica) 123. Clarkson Office along with burial-transit permi World War This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). .5 IMMEDIATE CAUSE (6) Hypertensive Cardio Vascular Disease removal, DUE TO Conditions, if eny, which (b) cute the certificate, writing the word "pending" geve rise to immediate cause 10 DUE TO (a), stating the underlying 98 Medical Examiner 20 cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) PRIMARY T or CONTRIBUTING T forwarded to the Chief Me L DIRECTOR: Page 3 sho ated agent. prior to burial, CAUSE OF DEATH. Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY 20f. (City or town) (County) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL ? SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 12-26-61 NAME (Type) Add 22c. NAME OF CEMETERY OR CREMATORY Address (Streat, city, town, or county) 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) DI REMOVAL (Specify) Rose Hill Cemetery ò Y Hagerstown, Md. 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE g40 VS. AISME JAN 3 Orihun S. Hraus 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

years

PERFORMED? NO IT

(State)

and in my opinion

DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14591

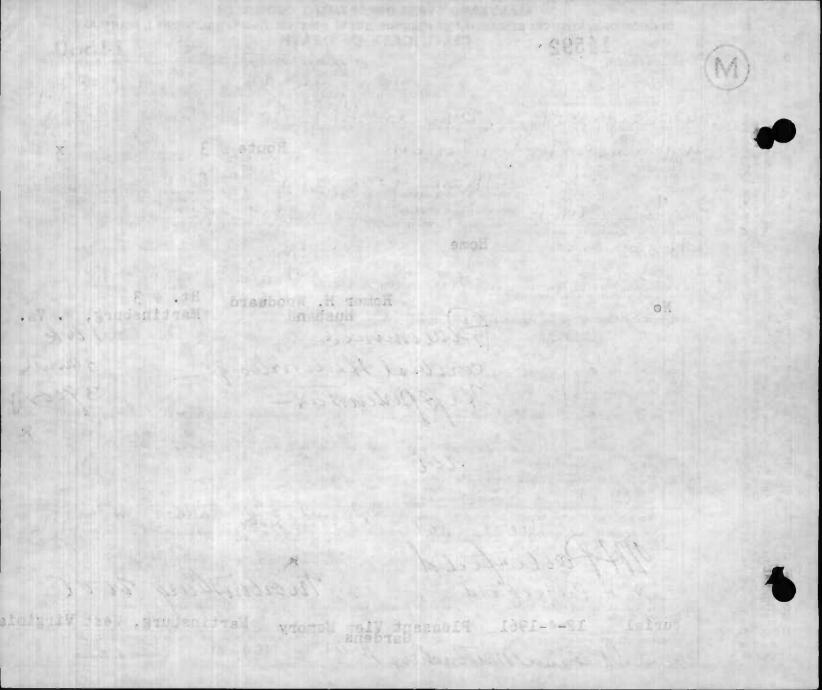
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A	1. P	LACE OF DEATH . COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  Maryland  b. COUNTYWashington			
	) ь	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Maryland life time	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  13 Hagerstown, Maryland.			
	d	NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington County Hospital	d. street address  420 N. Jonathan Street  o. Is residence On A FARM? YES \( \text{NS} \) NSC			
	0	IAME OF First Middle (First Widdle (First Wi	Filliam  4. DATE Month OF DEATH Dec 27 19 61			
	5. S	emale   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  Nov 8 1910  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy)  51 yrs.  1 F UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy)  Months Days Hours Min.			
	H	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OUSEWITE  ATHER'S NAME	STRY 11. BIRTHPLACE (Stote or foreign country)  Hagerstown, Maryland USA.			
		Walter Harmon	Florence Keys			
	15. \ {Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	ames William Hageistown md			
		156 DUE TO Metastasis	INTERVAL BETWEEN ONSET AND DEATH  1 Metastasis and Generalized 3 months  ed Carcinoma of Liver 5 months			
	CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO			
	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   OF CONTRIBUTION   OF C					
	MEDICAL		ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State ctory, street, office bldg., etc.)			
			death accurred atM, from the causes and an the date stated above			
			M.D. PHYS. X DIRECTOR PHYS. 12-29-61			
		22c. PHYSICIAN'S William T. Layman, M.D.	Public Square Hagerstown, Maryland			
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CEME	Cemetery Hagerstown Ma. (State)			
	24. 1	UNERAL DIRECTOR'S SIGNATURE ADDRESS OLINE RIVERTAGE & Hagerstoner	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			

SEASO O TABLE REPORT OF TOTAL Canada and the Company of the Compan Photograms of the Dir. Inflynck women northing HALTA TO THE COURT BY AND THE TANK TO SERVE STATES THE DESCRIPTION OF THE PROPERTY OF THE PROPERT SEAS HOLDER PROPERTY Charles and the second the the St. rest does that describer the own is the

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14592 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY b. COUNTY the day MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 and c. CITY OR TOWN (If outside corporete limits, write RURAL end þ write RURAL and give nearast town) d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) IS RESIDENCE papers. 199 ON A FARM? YES NO Route completely 3. NAME OF DATE Dey Month DECEASED OF 196 DEATH (Type or print) er carbon 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) and Months WIDOWED [ 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? foreign country) done, during most of working life, even if retirad) FATHER'S NAME Home Nac please Then please .5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address (Yes, no. or unkown) | (If yes give wer or detes of service) Homer H. Woodward the Martinsburggevallerwka. Husband 18. CAUSE OF DEATH [Enter only one cause per line for (a physician. ONSET AND DUATH signed by I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO rebial Removiliage attending Conditions, if eny, which certificate has been (b) gave rise to immediate cause DUE TO (e), stating the underlying the G TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PERFORMED? hospital 8 0 NO X use Prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING 호 OR CONTRIBUTING [] CAUSE OF DEATH the this (IF EITHER, NOTIFY MEDICAL EXAMINER) tached p After Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work p.m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from Italiana. 19.6. and that death occurred at 2. M., from the causes and on the date stated above. should saw the deceased alive on ... 22b. DATE 22e. 51G ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS TO HO death. 23d. LOCATION (City/town or county 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY Virginia Martinsburg, West 2-4-1961 leasant View Memory ADDRESS Gardens 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DEC 6 arilhur S. Thous 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w 24 hours after death may be retained by the hospital or attending physician.

TO FUNEIAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pross 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apyrevent, within 72 hours after death VR A15 (4)

15M 7 61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14502 CERTIFICATE OF DEATH 14561

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where de		idance before edmission)		
1	WASHINGTON	MARYLAND	MARY LAND	WASHING	TAAC		
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate limits, write RURAL and g	ive neerest town)		
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	SWEEKS  ital, give street address)	FAKLES MILL d. STREET ADDRESS	RURAL 'X	a. IS RESIDENCE		
c	WESTERN MARYLANDSTATI	E HOSPITAL Middle	KEIZ DYSVILLE	MD. R.1	YES NO Dey		
	(Type or print)	TURY WY	and DEATH	Dec. 22	1961		
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 18	DATE OF BIRTH	. AGE (In years   IF UNDER 1 YE last birthday)   Months   Day	AR IF UNDER 24 HRS.		
1	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DIVORCED DIVORCED DIVORCED DIVORCED	V 11. FIRTHPLACE (County & Stele, or	79 yrs. 4 2	4.4		
1	13. FATHER'S NAME	N TARM	FAKLES MILL WAS	St. Co.MD U	SA.		
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. S (Yes, no, or, unkown)   (Ifyes give wer or dates of service)	CIAL SECURITY NO. 17. I	NFORMANT ARY E	SNYDE12	9.1		
	No. 22	0-34-1095 NIK	S. DOROTHY SNYDE	R WYAND. KEEL	DIVZUICIEIXID		
1	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	(b), (b), end (c).]		- 17	INTERVAL BETWEEN ONSET AND DEATH		
1	IMMEDIATE CAUSE (e)	obular	memoria		one wook		
	20410 DUE TO P.	f. V	Que al +1 1	1 1	. 9		
	Conditions, if any, which gave rise to immediate cause	von C	-gruphane x	entemia	unk nonn		
	(e), steting the underlying DUE TO	6					
	(c)	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1/2	1) 19. WAS AUTOPSY		
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- 1							
	20c. TIME OF INJURY Month, Dey, Yeer 20d. IN Hour a.m. While p.m. 19 et work	Not While fector	CE OF INJURY (Home, farm, 20f. (City street, office bldg., etc.)	y or town) (County)	(Stete)		
	21. I certify that (I) (this hospital) attend	ed the deceased from	NOV. 17 , 1961, to.	Dec. 22 , 19.61	, that (I) (we) last		
	saw the deceased alive on Dec. 221	19.6.1, end that	deeth occured et	the causes and on the	date stated above.		
	220. SIGNATURE Haung E.	Chun.		STAFF PHYS.	Dec 22 1961		
	PHYSICIAN'S YOUNG	E. CHUN		maryland st	ate Hospital		
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY C	OR CREMATORY 23d. LOCA	ATION (City, town or county)	(State)		
	SURIAL VEC. 26.1961	TAIRVIEW CE	METERY KEE	DYSVILLE WAS	H. Co. NID		
1	ZA PONERAL DIRECTOR'S SIGNATURE	ADDRESS	1D PATEDEC 2 7 '61	Cluby 8. th			
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24 hours after y in by the funeral pages 1 and 2 should ours after death.	M)	i i	PLACE OF COUNTY Wash of CITY OR Write RI Hangel Hangel Hangel
be executed nd completel arbon papers within 72 h		5.	NAME OF DECEASE (Type or pri
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he attending Then plea moval, and i		15. (Ya:	No
death, may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in pay revent, within 72 hours after death.	0	MEDICAL CERTIFICATION	Conditions gevarise is (a), stelin cause lest.  PART  20e. ACCIOR CONTI (IF EITHER, 20c. TIME Hou  21. I ce saw the 22e. SIGI
TO HOO death.  To HOO death.  To FUNERALI	2	23a	BURIAL, REMOVAL BUTI FUNERAL

## SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH DER 14 594 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY hington Washington MARYLAND Maryland TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) URAL end give neerest town) Hagerstown rstown OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 343 So Potomac rtin Manor Best Home YES NO First DATE Day Year Middle Month OF YOUNG DEATH ned 30 1961 int) WALTER 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) White DIVORCED 1880 WIDOWED Jany 24 12. CITIZEN OF WHAT COUNTRY? CCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) nost of working life, even if retired) rilghmanton Wash Co Md USA Retired 14. MOTHER'S MAIDEN NAME NAME Emma Long aac Young ASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address kown) | (If yes give wer or detes of sarvice) Mr Leo Miller Sec Natl Bank Bldg Hagerstown Md. INTERVAL BETWEEN SE OF DEATH [Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH T I. DEATH WAS CAUSED BY: Broncho-pneumonia. (terminal) 4 days IMMEDIATE CAUSE (a) DUE TO (b) to immadieta cause DUE TO tha underlying II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO X Cerebral and Generalized Arteriosclerosis. DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) RIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While a.m at work at work m.g rtify that (I) (this hospital) attended the deceased from Feb. 17, 1959 to Dec. 29, 1961, that (I) (we) last 23 , 1961 and that death occured a A.M. from the causes and on the date stated above. ATTENDING 22b. DATE NATURE SIGNED STAFF 1-2-62 DIRECTOR PHYS. M.D. SICIANS 22d. ADDRESS AE (Type) R.A.Bell, M.D. NO. Potomac St. Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) CREMATION, | 23b. DATE THEREOF (Specify) Hagerstown Wash Co Md Rose Hill Cemetery 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS DIRECTOR'S SIGNATURE DATE AN 8 arthur S. Thrus '62 Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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(a), stetling the underlying DUE TO cause last.						
AUTOPSY ORMED?						
20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Yeer Hour a.m.  p.m.  20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, offica bldg., etc.)  factory, street, offica bldg., etc.)  factory, street, offica bldg., etc.)						
21. I certify that (I) (this hospital) attended the degeased from Sept. 11., 19.6.1 to Dec. 29., 19.6.1 that (I) (we) last saw the deceased alive on Sept. 11., 19.6.1, and that death occurred at A.M., from the ceuses and on the date stated above.						
b. DATE SIGNED						
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